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ABSTRACT

This guide aims to encourage and support involvement of adults from all walks of life in an understanding and participation in alcohol education. It is one of a series of three units of curriculum and teacher's guides, the others designed for grades K-6 and 7-12. The guide is divided into six chapters: (1) Why should adults know about alcohol? (2) What should adults know about alcohol? (3) How should adult education about alcohol be taught? (4) Some suggested examples of adult education alcohol programs, (5) Alcohol content information for the instructor, and (6) Teaching resources (an annotated list of printed and audio-visual materials). The guide also includes the names and addresses of sources which provide free or inexpensive materials on alcohol. (PFS)

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ALCOHOL EDUCATION FOR ADULTS

A GUIDE FOR INSTRUCTORS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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ALBANY 12234

BUREAU OF DRUG EDUCATION

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Anthony J. DiBenedetto

FOREWORD

The abuse of alcohol has only recently been recognized as a major contributor to many physical, psychological and sociological health problems even though it has been a serious issue in our society for generations. At the present time there are an estimated 10 mil[illegible] alcoholics in the U.S., as well as millions of others who abuse alcohol [illegible]ne extent that it interferes with their ability to function. A review of alcoholic statistics indicates that the use of alcohol is a factor in many crimes and injuries - 50% of fatal automobile accidents, 30% of suicides, 40% of snowmobile accidents, 53% of fire deaths, 64% of homicides, 45% of drownings, 56% of fights and assaults in the home, and 71% of accidental poisonings to mention a few. Can our society be spared a substantial portion of this pain and suffering? The Board of Regents and the staff of the State Education Department believe it can. In an attempt to do so the Department has developed new alcohol education guides -- one each for grades K-6, 7-12, and adult alcohol education.

These new alcohol curriculum guides and teachers' manuals have been designed and prepared to assist school personnel to more effectively combat the alcohol problem through education as a primary prevention vehicle. These materials and approaches used will become more meaningful through cooperation with the resources of various community health-related agencies.

The educational approach should not be didactic but should be student-centered, with each learner being actively involved in the learning process. Such an approach considers the need for individuals to be involved in planning the educational experiences that will effect their respective lives. While there is no simplistic answer to the complex problems of alcohol abuse and alcoholism, emphasis on individual decision making about the use of alcohol holds the greatest promise for alleviating the problem. Over the long run, it is more effective and efficient to prepare an individual to cope with drinking before it becomes a problem than to remedy its destructive effects after they have occurred. It is reasonable to conclude that the cost of developing individual decision-making skills will be more economical than the development of treatment programs in an attempt to restore the health of the alcoholic.

These guides were developed with a recognition of the need for programs which focus on information and attitudes about the use of alcohol resulting in responsible drinking practices. Information alone is not enough, but it does play an essential part in decision making. The development of attitudes and the identification of "behavior norms" plays a major part in making responsible decisions. The following represents a few of the behaviors which will promote these responsible decisions:

...respecting an individual's decision about alcohol - either to abstain or to drink responsibly;

...recognizing that drunkenness is neither healthy nor safe;

...understanding one's own reasons for making a decision about the use of alcohol;

...recognizing the health and safety and fun of all by avoiding intoxication and helping others to do the same;

...choosing to avoid the use of alcohol as a way of dealing with one's problems;

...recognizing that social acceptabilty does not require drinking;

...recognizing and understanding that alcohol is a drug;

...avoiding riding with drivers who are under the influences of alcohol and discouraging them from driving;

...recognizing that one's attitude and behavior affects and influences others, especially children.

In the curricula, a serious attempt has been made to interrelate the efforts of other governmental and voluntary organizations to those of the schools. In so doing education becomes a product of a cooperative effort which involves the school, family, industry, religion, as well as other voluntary and governmental health agencies. The schools can and must conduct an alcohol abuse and alcoholism primary prevention program, not only because it is required by state statute (Chapter 674, 1970) but also because they have the responsibility to contribute to a more stable and productive life for each of their students.

As important as these guides may be, the teacher is the most important factor in the success of an educational program. Although a teacher's guide is provided, the program emphasis on a student-centered approach and cooperation with numerous governmental and voluntary organizations may require in addition the need for a teacher training program. Since this is a new curriculum at least a minimal orientation for teachers is suggested. School administrators are encouraged to arrange regional programs for this purpose.

The staff of the Bureau of Drug Education is available to assist in organizing and conducting such programs. For more information, call (518) 474-1492.

PREFACE

A GUIDE FOR INSTRUCTORS - ADULT EDUCATION

This guide is based on the assumption that it will encourage and support involvement of adults from all walks of life in an understanding and participation in alcohol education. The guide is one of a series of three units. Included in this alcohol education series are a curriculum guide and teacher's guide for grades K through 6, curriculum guide and teacher's guide for grades 7 through 12, and one comprehensive unit for adult education which includes both the curriculum guide and teaching suggestions.

Each unit attempts to build on the previous unit.

Community education provides many opportunities to develop adult alcohol education programs. It is expected that the instructor will utilize content and general methodology to develop a program to fit the needs, desires, and time allotments of the adult group involved. Outlines of sample adult alcohol education programs are presented to serve as guides for developing programs for a variety of populations. Many agencies provide wide varieties of multi-media materials for use in and appropriate to continuing education programs. It is hoped that these resources will be tapped to supplement and/or complement each topic covered.

ACKNOWLEDGEMENTS

Grateful recognition is given to the New York State Department of Mental Hygiene, Division of Alcoholism, and the many school administrators, teachers, and specialists who will help to evaluate this material. Their generous cooperation in the development of this publication exemplifies the concern we all share in solving one of today's more complex problems, the abuse of alcohol in our society.

Grateful appreciation is extended to the Nebraska Department of Education for use of some of their materials on value clarification, the Illinois Office of Education for permission to adapt some of their teaching materials for this publication, and the Instructional Development Unit of the Educational Communications Center of the State Universtity of New York at Albany for their assistance.

Special recognition is extended to the Alcohol Education Research and Writing Committee: Mr. Anthony G. Lento - Chairman of the Committee, Associate Professor of Education and Drug Education Coordinator, State University of New York at Albany; Dr. David Serrone, Associate Professor, School of Nursing, State University of New York at Albany; Mrs. Barbara Smith, Ph.D. Candidate, Curriculum and Instruction, State University of New York at Albany; and Miss Nancy Malinowski, Program Assistant, Social Studies Teacher, Shenendehowa School System.

The specialists who contributed professional expertise to this publication include: Dr. Arthur Stein, Professor of Pathology, Albany Medical College, Albany, New York; Dr. Lois Stiglmeier, Coordinator, Prevention Education, Division of Alcoholism, Department of Mental Hygiene, Albany, New York; and Mr. David Schenck, Assistant Professor of Education, Supervisor of English, State University of New York at Albany.

These materials were developed through a grant from the State University of New York, the State Education Department, Division of Health and Drug Education Services. The overall supervision of the research, writing and compilation was under Anthony J. DiBenedetto, Chief of the Bureau of Drug Education. Albert E. Bedworth, Associate in Health Education, the Bureau of Health Education provided valuable consultation with the writing team and was the liaison person from the Division of Health and Drug Education Services.

CONTENTS

FOREWORD.....iii

PREFACE..... v

ACKNOWLEDGEMENTS..... vi

CHAPTER PAGE

I WHY SHOULD ADULTS KNOW ABOUT ALCOHOL?..... 1

II WHAT SHOULD ADULTS KNOW ABOUT ALCOHOL?..... 3

III HOW SHOULD ADULT EDUCATION ABOUT ALCOHOL BE TAUGHT?i..... 11

IV SOME SUGGESTED EXAMPLES OF ADULT EDUCATION ALCOHOL PROGRAMS..... 17

V ALCOHOL CONTENT INFORMATION FOR THE INSTRUCTOR..... 34

VI TEACHING RESOURCES..... 64

APPENDIX..... 75

-CHAPTER I-

WHY SHOULD ADULTS KNOW ABOUT ALCOHOL?

WHY SHOULD ADULTS KNOW ABOUT ALCOHOL?

Since drinking is an increasingly accepted pattern, a widespread social and cultural custom, the irresponsible or uncontrolled use of alcoholic beverages presents major problems to society and individuals. Of the 94 million Americans over fifteen years of age who drink, more drink in moderation, without apparent adverse effect, and with the tolerance, if not the sanction, of knowledgeable authorities.

The problem of alcohol abuse is serious and immensely complex. Stringent laws and formal and informal sanctions have failed to prevent the promotion of the misuse of alcoholic beverages. Nearly two-thirds of the adult population drink at one time or another; most do so without serious problems resulting. However, for approximately nine million Americans, drinking results in serious difficulties. Adults should be encouraged to support and become involved in alcohol education. People need to learn to be responsible in their use of alcohol. Educational programs should be designed to maximize the understanding of an individual's reasonable use of alcoholic beverages and minimize the problems and misconceptions about the use of alcohol. The greater the number of people who have access to accurate information about drinking and who can examine their own feelings about the subject, the more likely it is that people may develop new norms as they make wiser choices and decisions about drinking. This in turn may reduce the harmful effects of drinking. Informed adults can reinforce and support alcohol education taking place at the adolescent level, thus strengthening the entire concept of continuous alcohol education.

There is a definite need for alcohol education at the adult level. Programs can be presented to cross-sections of many different groups, such as community service groups, senior citizens, young adults, or high school drop outs. The setting for the program can be urban, suburban, or rural. Why people may attend these adult education programs on alcohol will vary. Some people may attend out of a natural curiosity for the subject matter; some may attend because they are eager to obtain some factual information; others may want to get actively involved in helping with the problem of alcohol in their community; or some may even be challenged by the theme of the information presented at the various programs. The reason people attend an adult education session on alcohol is not as important as the information gained and attitude change that may be derived from attending such a session.

-CHAPTER II-

WHAT SHOULD ADULTS KNOW ABOUT ALCOHOL?

WHAT SHOULD ADULTS KNOW ABOUT ALCOHOL?

The adult has formed ideas and opinions about alcohol use and it will be difficult, if not impossible in certain cases, to get him or her to change beliefs on the subject. However, the adult must be made aware that the problem of alcohol abuse is a serious and an immensely complex one. The adult should understand that the solution is not a "for-or-against" dilemma, but that alcohol education is necessary for all persons if society as a whole is to remain healthy.

Discussion of alcohol and alcohol-related problems poses special difficulties because of built-in emotional biases regarding the topic. It is very important that all persons concerned begin by recognizing the seriousness of the problem of alcohol use and try to approach the subject from a new vantage point. Both the instructor and participants stand to learn and gain from the experience.

SUGGESTED GENERAL CONTENT*

The content to be taught about alcohol should include the (1) physiological, (2) psychological, and (3) socio-economic aspects of alcohol use. These may be dealt with in greater or lesser depth depending upon:

1. Level of sophistication of participants,
2. Problems and interests of individuals,
3. Time available to present the program or unit, and
4. Teaching aids, materials, and facilities available.

Instructors might select from the following categories of suggested topics the basic content which they feel is most important for their participants; later each topic should be developed with supporting ideas and materials from the references given.

Topics are listed in each column to group the simplest, the intermediate, and the more complex. Some topics may have multiple aspects and be listed in more than one column (e.g., "hangover" involves both physiological and psychological considerations).

* Adapted from: *Teaching About Alcohol In Connecticut Schools*, Connecticut State Department of Education and Connecticut State Department of Mental Health, 1970, pp. 8 - 9.

SUGGESTED TOPICS

-Physiological-

Is alcohol a food?
Types of alcohol
Is alcohol a stimulant?
Industrial uses of various alcohols
Alcohol was an accidental discovery.
Alcohol as a drug, analgesic, anesthetic
Alcohol as disinfectant
Alcohol as poison (child safety)
Effect on speech
Effect on hearing
Effect on reaction time
Effect on muscular coordination
Effect on vision
Does alcohol quench thirst?
Is drinking fattening?
Alcohol as a dehydrator
Path of alcohol through the body
Should athletes drink?

Intoxication
Poisonous alcohols consumed
Types of alcoholic beverages
Alcohol's path through the body
Concentration levels of alcohol in the blood
Organs affected by alcohol
Hangover
Alcohol use vs. Narcotics use (similarities and differences)
Unique risks of teenage drinking
Alcometer
Caloric value
Alcoholic content of different beverages (proof)
Allergy to alcohol
Experiments with animals
Deaths from alcoholism
Deficiency diseases related to excessive drinking
Cirrhosis of liver
Fermentation
Distillation
Absorption vs. Digestion
Factors affecting rate of absorption

Alcohol metabolism
Brain damage from alcoholism
Illnesses tied to alcoholism
Alcohol as a medicine
Physiological causation theories of alcoholism
Chemistry of alcoholic beverage manufacture
Alcohol reaction causing substances (treatment of alcoholism)
Alcohol as appetite-arouser
Tolerance to alcohol
Fallacy of"home" cures
Life expectancy of drinkers/alcoholics

-Psychological-

Differing attitudes about alcohol use
Social drinking - excessive drinking - alcoholism
"Chemical comforts," "pill-taking generation"
Reasons why people abstain
Effect on ability to concentrate
Release of inhibitions
Impaired judgment
Reasons why people drink (individual motivations)

Problem drinking
Alcoholism as an illness
Alcoholism statistics (by country, state)
"Psychological intoxication"
Alcohol use vs. Narcotics use (similarities and differences)
Hangover
Unique risks of teenage drinking
Advertising
Addiction syndrome
Alcoholism and "will power"
Why people drink excessively
Definitions of alcoholism
Reasons to abstain until age 21
Will heavy drinkers become alcoholics?

Sources of help for the alcoholic
Religious influences as controls
Alcoholism's warning signs
Characteristics of the alcoholic
Psychological causation theories of alcoholism
Treatment of alcoholism
Propaganda -- pro and con
Withdrawal phenomena
Alcoholic's wish to recover
Incarceration or treatment for alcoholics?
Delirium tremens
Ex-alcoholics
Promiscuity
Rehabilitation of alcoholics
Different types of alcoholism
Drinking in films and fiction
Ratio of male to female alcoholics

-Socio-Economic-

Automobile accidents
Pedestrian accidents
Minimum age laws
Laws about drinking and driving
Origins of alcohol use
Problems caused by intoxication
Commonly-held myths about drinking
Public opinion polls
Cultural differences in types of beverages consumed
Biblical references
Church attitudes toward drinking
Politely refusing a drink

Advertising
Careers affected by criminal convictions (for intoxication)
Alcohol consumption rates (by nation, state, town)
Prohibition, then and now
Taxes on alcohol
"Skid Row"
Industry losses
National, state and local expenditures on alcohol
Why adults drink (social forces)
Why some teenagers drink (social forces)
Early temperance movements
Liquor tax wars
Tax dollars spent because of alcohol misuse
Unique risks of teenage drinking
Driving laws
Chemical tests for blood-alcohol level
Insurance aspects of drinking
Hospitalization insurance for alcoholics
Folk-lore
Traffic violations related to alcohol use
Wage losses due to alcohol misuse
Why prohibition was repealed
"Possession" law
Drinking and the family budget

Cultural drinking pattern differences
Cultural alcoholism differences
Criminal behavior
Alcoholism in fiction
Bootlegging
Alcoholism since prohibition
Sociological causation theories of alcoholism
Family disruption in alcoholism
Liquor control agencies
Careers in alcohol field
Host or hostess should offer choice of drinks.
Economic value of beverage industry
National, state and local agencies for treatment and/or prevention of alcoholism
Estimation of alcoholism prevalence
Alcoholics Anonymous, Al-Anon, Alateen
Rutgers University Center of Alcohol Studies

An alcohol education program should be adaptable for a varied adult audience. A reasonably comprehensive program would include the following major topics:

I. Why alcohol?
   - A. History
   - B. Peer pressure
     1. Availability
     2. Social lubricant
     3. Problem solver

II. Consequences of alcohol misuse
   - A. Alcoholism
   - B. Disease
   - C. Accidents
   - D. Crime
   - E. Family problems
   - F. Loss of income

III. Alternatives to alcohol use
   - A. Other drugs
   - B. Resisting peer pressure
   - C. Dealing with crises
     1. Self understanding
     2. Setting limits

As should always be the case in an adult education program, members in attendance should be considered a source of program content. Total involvement of the participants results in a successful program.

-CHAPTER III-

HOW SHOULD ADULT EDUCATION ABOUT ALCOHOL BE TAUGHT?

HOW SHOULD ADULT EDUCATION ABOUT ALCOHOL BE TAUGHT?

Adults can learn about alcohol and examine and understand various attitudes about drinking in any variety of educational programs. There are as many appropriate settings for alcohol education as there are varieties of people to lead and attend them. Churches, continuing education programs, schools, and adult learning centers provide settings for programs. Time frames may differ depending on need (e.g., one-day workshops or once weekly for several weeks or evening meetings for one week).

Community education attempts to bridge the gap between the needs of the community and the lack of available personnel. The needs in the area of alcohol education are varied. It has previously been suggested that interested persons in the community, with proper knowledge and guidance, can act as leaders of alcohol education programs. The content should provide a knowledge base while methodology and sample programs should assist and guide the educator or the neophyte.

To prepare for a program, a group leader should (1) attempt to identify the needs of the target population, using a pre-test if appropriate; (2) learn about these areas using the curriculum guide, resource persons, and materials suggested; (3) plan the setting and the time span, number and length of the sessions; (4) plan each session allowing some flexibility for input from the members of the group; (5) develop a plan to attract the target population, such as media advertising, personal contact, etc.; and, (6) plan a means of evaluation of the program, such as a brief questionnaire.

GENERAL TEACHING SUGGESTIONS

Participation in a wide range of activities, discussions rather than lectures, and an atmosphere that will encourage trust and promote mutual understanding should be emphasized. Classes should be participant- rather than instructor-centered. The class atmosphere should be one of cooperative learning rather than competitive learning. Small group arrangements are recommended. Assumptions that participants should be treated as alcoholics or that they need rehabilitation are not justified by any conditions known at this time. Since problems of alcohol abuse are often symptomatic, it is frequently found that discussions lead to exposure of other problem areas.

To effectively communicate with program participants, instructors should understand their own attitudes towards alcohol. Encouraging open discussion and direct interaction with participants is essential.

Some general suggestions are:

1. Instructors should establish a non-authoritarian, non-threatening environment in the classroom which will allow free flow of information and exchange of ideas and feelings. A non-moralizing, non-dogmatic approach to the subject of alcoholism should be employed.

2. Involve participants actively in the analysis of printed and audio-visual materials about alcohol.

3. Use small group techniques extensively, such as:

    a. Interaction through a dialogue
    b. Role playing and behavior rehearsals
    c. Encounter - Use only with trained leaders
    d. Sensitivity training,- Only to be used by highly qualified personnel
    e. Buzz sessions
    f. Critical incidents.

4. With caution and advanced screening, use personnel from treatment and rehabilitation programs, or other resource persons from all levels of related backgrounds.

5. Instead of using entire films, think in single concept terms. Show a portion and discuss, letting participants discuss openly the good and bad aspects.

6. Collect newspaper stories about alcohol. Read in the session to identify biases and discuss.

SUGGESTED TEACHING TECHNIQUES

I. SOME METHODS DESIGNED TO GIVE INFORMATION, FACTS AND IDEAS -- *

A. Lecture: An organized, verbal presentation of facts, values, experiences, observations, and ideas by the instructor or some other qualified person. The lecture is an efficient way for the instructor to "cover material." For the learner, the lecture is not too effective since the learner is only passively involved in the learning process.

B. Resource Speaker: A lecture or talk by a person uniquely qualified to discuss alcohol use or misuse; speakers may be a university and state health or alcohol educator, a physician involved in alcoholism therapy, members of Alcoholics Anonymous, or a police officer. A resource person can be used in a number of instructive ways. The resource person can make a presentationand then answer questions; she/he can leave after her/his presentation and let the instructor and participant discuss her/his remarks; or the presentation can be in the form of an interview session with the instructor and participants. If the instructor knows the resource person she/he can plan a mode of presentation which will use the resource person most effectively.

C. Panel Discussion: A group of individuals and/or resource persons presenting material gained from research or points-of-view to the total group. Panels may be planned or spontaneous; they may be organized for discussion like a symposium or competitively as in a debate. This approach provides good involvement for the participants but is essentially passive for the rest of the class unless at some time during the panel discussion the class is given an opportunity to become involved.

D. Films and Filmstrips: Visual presentations which are useful for presenting information, facts, and ideas.

E. Workshops: Workshops and other intensive training sessions related to alcohol education should be considered for early phases of the program and for later repetition.

F. Visual Transparencies: Visual projections useful for presenting graphs and similar materials.

G. Problem-Solving Approach: The instructor should plan a learning situation in which each participant will encounter a problem. The participant must become aware of the problem, be able to state it, and begin to analyze it. He or she must be able to formulate tentative hypotheses, to test the hypotheses, and to draw conclusions based on the results of these tests. To use this approach, the participant must be able to gather data from library research, from her/his own observations, and from controlled experiments.

* Adapted from: *Teaching About Beverage Alcohol*, State of Illinois, Office of the Superintendent of Public Instruction, pp. 49 - 50.

II. SOME APPROACHES TO ENCOURAGE THE INVOLVEMENT OF THE LEARNER --

A. Transparencies: Some transparencies help present information and ideas; others are designed to ask questions and stimulate discussion. Transparencies are useful devices for varying the pace of a lecture. They help the instructor present information in a visual medium which has high attention appeal for most participants.

B. Films and Filmstrips: Any type of visual display adds another dimension to learning along with listening. The use of films, filmstrips and visual transparencies, with thoughtful planning, can provide information in a motivating context as well as stimulating thinking, discussion, and questioning.

C. Activity Projects: Particularly helpful to learners who are not essentially verbally oriented. Because they involve some real activity on the part of the learner they tend to stimulate attention. Instructors or group leaders may serve to initiate activities, but the total group should be involved in various ways.

D. Self-Tests: Present participants with questions they must answer, but on which they are not graded. Answers are provided either by the instructor, through discussion or by way of a prepared answer sheet. Self-tests can be based on general information or on specific research or conceptual reports. The assumption behind the self-test is that when participants must decide how to answer a question, they are more motivated to learn the correct answer and to remember it. Self-tests can be knowledge tests, or they can "shade over" into the realms of attitudes and opinions.

E. Discussion: Verbal interaction between instructor and participants and between participants. Discussion can be initiated by the instructor asking questions in which one answer leads to another question. Good discussion requires that the instructor avoid dominating the communication. Discussion is more difficult in large groups. For this reason, the group may have to be divided into smaller groups of three to eight. The instructor can spend some time with each group to monitor the discussions. If the members of each group are interested in the topic, the discussion will progress without instructor direction.

SUMMARY OF INSTRUCTIONAL TECHNIQUES PRESENTED ABOVE

The examples of instructional techniques which have been presented above do not exhaust, by any means, the range of possibilities which are available to the instructor. Instructional techniques and methods are best if they meet the following assumptions:

1. Any instructional technique which involves the participants themselves in the activities of learning is better than a technique which is entirely didactic.

2. Learning situations which take advantage of the natural interests of the learner are preferred to situations which are outside the range of interests of the participants receiving instruction.

3. The purpose of education about alcohol is to help participants analyze their own attitudes and values concerning drinking. Instructional situations which give the participant opportunities to discuss and react to many different attitudes and values are to be preferred to instruction which presents facts without opportunities for interpretation.

-CHAPTER IV-

SOME SUGGESTED EXAMPLES OF ADULT EDUCATION ALCOHOL PROGRAMS

SOME SUGGESTED EXAMPLES OF ADULT EDUCATION ALCOHOL PROGRAMS

The examples of programs have been deliberately varied as to content, formats, target populations, leaders, time frames, and intents. The purpose of these examples is to illustrate the variety of ways a content outline can be used to develop different programs for the different needs. It is hoped that all those engaged in such activities will also adapt the information and resources available to the needs of the participants.

PROGRAM A

The program which will be developed in this sample will attempt to meet the needs of a large group of concerned parents in a school district. The parents have become increasingly alarmed over the growing use of alcohol by teenagers in the community. A representative has contacted the Continuing Education Director for the school district and spoken of the concerns of the community.

At this point, the Continuing Education Director can begin to develop a program which meets the needs of the parents. The contact person has indicated that the program should be completed in one session. The Continuing Education Director decides to invite area specialists in the field of alcohol prevention and rehabilitation. Contacts are made with Alcoholics Anonymous, local hospitals and churches, the Department of Mental Hygiene, and rehabilitation centers to find the most appropriate and qualified persons for the program. Once the format, in this case a group presentation and question and answer period, has been decided upon, the speakers contacted, and the time and place determined, the director can then concentrate upon publicity for the program. She/he may decide to use public service announcements on radio, area newspaper announcements, public address announcements in the schools, and letters sent home to the parents via the students. Next, an evaluation form of some kind will be developed to assess the relative success of the program. A sample questionnaire is included on the following page.

SAMPLE QUESTIONNAIRE

Dear Concerned Citizen:

In order to better serve our community, and to respond to the needs of the residents, it would assist us greatly if you would complete the following questionnaire this evening and return it before you leave.

The results of this survey will aid us in planning future programs.

Thank you for your cooperation,

Director of Continuing Education

No names are required for this survey; however, it would help us if you would indicate your status . . . Adult_____ Teenager _____

1. Were you aware of an alcohol problem in our community prior to this program? Yes_____ No _____

2. If your answer to the previous question was yes, did you think the problem was as critical as described this evening?

   I thought it was worse. ____ I didn't realize it was so bad. ____

3. Were the guest speakers informative? Yes_____ No _____

4. Did you find that the question and answer period served the purposes for which they were intended?

   a. Promoted dialogue between youth and adults. Yes_____ No _____

   b. Informative insofar as the scope of the alcohol problem in our community Yes_____ No _____

   c. Informative insofar as the dangerous effects of extensive use of alcohol Yes_____ No _____

   d. Provided insight as to why our teenagers are turning to alcohol Yes _____ No____

5. As a result of this program, would you be better able to handle a problem if one developed in your household? Yes_____ No _____

6. Would a follow-up program dealing with the problem of alcohol use be useful? Yes_____ No _____

7. Do you think a program of this type would be useful in dealing with other problems in our community? Yes_____ No _____

The evening of this program, the Continuing Education Director should be prepared to:

1. Introduce the topic and format;

2. ntroduce the speakers;

3. Provide guidance when necessary through the formal and informal portions of the program;

4. See that the questionnaires are passed out, answered, and returned for assessment.

Upon receipt of the questionnaires, the Continuing Education Director should evaluate the success of the program and determine the necessity for follow-up programs.

PROGRAM B

Adult learning centers have grown in popularity in the past few years. They generally are designed to assist adults in the development of basic skills and the attainment of High School Equivalency diplomas. They are often located in urban areas and may serve a disadvantaged population. The teaching of reading and mathematics is usually done within the framework of diagnosis/prescription in a learning laboratory though some classroom teaching may take place.

The director of the learning center, in considering the needs of the target population, has decided to institute a health course with an alcohol component. She/he sees the alcohol section as taking approximately ten sessions, forty-five minutes per session, which will last about three weeks.

A member of the staff has volunteered to develop and teach the alcohol component. She/he has little knowledge or experience in this area though she/he is familiar with general principles of instructional planning. She/he should first become acquainted with the content material and general methodology. In addition, it would be fruitful to contact resource persons in the area and also review resource materials suggested in Part III. The instructor must then decide upon the intended outcomes of the alcohol component.

The format to be used must then be considered. The instructor has decided to develop objectives and learning activities which will provide a series of experiences and intended learning outcomes for the participants to achieve. Following are examples of such objectives and learning activities.

OBJECTIVE	LEARNING ACTIVITY
THE LEARNER SHOULD BE ABLE TO IDENTIFY FIVE REASONS WHY PEOPLE DRINK.	Take a class survey. Read or view material made available by the instructor. Visit a rehabilitation center and interview clients. Contact Alcoholics Anonymous and interview members.
THE LEARNER SHOULD BE ABLE TO DESCRIBE FIVE HEALTH PROBLEMS RELATED TO THE EXCESSIVE USE OF ALCOHOL.	Construct a chart showing percentage of daily caloric intake as related to alcohol and nutritional problems. Read or view material made available by the instructor. Diagram the central nervous system and show organs affected by the excessive use of alcohol. Visit an alcoholic halfway house and interview the staff and participants.
THE LEARNER SHOULD BE ABLE TO DISCUSS THE GROWING USE OF ALCOHOL AMONG TEENAGERS.	Interview teenagers. Visit high schools and speak with administrative and guidance personnel. Read or view materials made available by the instructor. Visit halfway houses or rehabilitation centers which cater to the teenager who uses alcohol excessively. Read daily newspapers and weekly magazines and collect articles on the problems of excessive use of alcohol by teenagers.

OBJECTIVE	LEARNING ACTIVITY
THE LEARNER SHOULD BE ABLE TO IDENTIFY FIVE AREA AGENCIES WHICH PROVIDE SOME FORMS OF ASSISTANCE TO THE PERSON WHO FEELS SHE/HE IS INVOLVED IN THE EXCESSIVE USE OF ALCOHOL.	Contact Alcoholics Anonymous and interview a member. Interview clergymen. Read or view materials made available by the instructor. Contact the Department of Mental Hygiene. Contact the director of the community center in the area.
LEARNER SHOULD BE ABLE TO CITE LOCAL, STATE, AND FEDERAL LAWS CONCERNING ALCOHOL.	Interview or write the District Attorney, legislators, police officials. Invite concerned legislative groups to speak to class. Read material made available by instructor.
LEARNER SHOULD BE ABLE TO DISCUSS PRODUCTION, ECONOMICS, ADVERTISING, AND SALE OF ALCOHOLIC BEVERAGES.	Visit a brewery, distillery, or winery. Write for information about brewing, distilling, or wine making. Make a collage of ads for alcoholic beverages. Contact State and Federal Tax Authorities for revenue figures. Contact State Liquor Authority for sales information.

These objectives and learning activities are examples of ones which might be developed depending upon the intended outcomes of the program. Using this format, individualization can also take place.

Pre- and post-testing should be done to identify knowledges, skills, and attitudes which the participants already have and to determine if the intended learning outcomes have been achieved. An example of such a test is included below. It is intended for use as a pre-test but the same format can be used to develop a post-test.

Pre-Test in the Study of Alcohol

Directions: Place a "T" in front of the true statements, and an "F" in front of the false statements.

(T) 1. Alcohol is a chemical compound of Carbon, Hydrogen, and Oxygen.

(F) 2. Alcohol raises body temperature.

(T) 3. The absorption of alcohol usually takes place in the stomach or the small intestine.

(F) 4. The word "proof" designates the percentage of alcohol found in distilled liquors.

(F) 5. One factor which determines the rate of oxidation of alcohol is the sex of the drinker.

(T) 6. A person who cannot control his drinking may be considered by many an alcoholic.

(T) 7. Alcoholism is a disease and should be treated as such.

(F) 8. One drink makes you an alcoholic.

(F) 9. The alcoholic always drinks alone -- never in public.

(T) 10. People who drink to excess usually cannot remember what they have done while under the influence of alcohol.

(T) 11. Emotional stress causes some people to drink.

(T) 12. People who drink may become violent when they are drunk.

(T) 13. Alcohol, even in relatively small amounts, affects one's inhibitions.

(F) 14. Alcoholics are found only in the lower class of society.

(F) 15. All churches consider drinking of any kind to be sinful.

(F) 16. It is considered "bad manners" not to drink at a social gathering if drinks are being served.

(T) 17. Many people drink to feel that they "belong."

(F) 18. A person who is physically active while drinking will never get drunk.

(F) 19. Alcoholic beverages are a good form of food.

(F) 20. People who drink alcoholic beverages do not make good parents.

(T) 21. For many people, eating when they drink may keep them from becoming intoxicated quicker than people who drink on an empty stomach.

(F) 22. Many persons can increase their skill in operating a car after taking a little alcohol.

(T) 23. Various attitudes toward serving and drinking alcoholic beverages are found among different groups in our society.

(F) 24. It is rather easy to distinguish the alcoholic from the rest of the drinking population.

(F) 25. If an intoxicated person drinks several cups of black coffee, she/he will sober up rather quickly.

(T) 26. Taking tranquilizers or sleeping pills while you still have alcohol in your system can be dangerous, even fatal.

PROGRAM C

A civic group has taken on as its annual project the development and presentation of an alcohol education program for their community which may be described as upper middle class suburban. It has been determined by the group that the excessive use of alcohol contributes to many family problems.

A committee has been appointed to develop a program which will fit into the scheduled weekly meetings of the organization. It is suggested that they first become familiar with content and general methodology. Contacts with resource persons and agencies will give the committee additional information.

The time frame, a series of weekly sessions, is decided upon and topics for the sessions chosen. The format will be lectures provided by area experts in the field, films when appropriate, and discussions. Members of the committee will alternate as group facilitators or leaders weekly. Publicity is crucial to the success of such a program and should be planned considerably in advance.

Listed below are several suggestions for presenting programs of this type.

A. Sample 1 - Drinking: Problems and Solutions

1. The problems
   a. Session I: Alcohol - America's Favorite Drug
   b. Session II: Alcoholism - Physical and Psychological Aspects
   c. Session III: The Games Families play
   d. Session IV: The Children - Caught in the Middle
   e. Session V: Sex Problems - A Frank Discussion

2. The solutions
   a. Session VI: What To Do
   b. Session VII: Building Self-Esteem
   c. SessionVIII: Improving Communication
   d. Session IX: Handling Anger
   e. Session X: Getting Help

B. Sample 2 - Alcohol: The Nature, Effects, Drinking Patterns, Legal Aspects and Rehabilitation

1. Nature of alcohol
   a. Uses of alcohol
      (1) Industry
      (2) Medicine
      (3) Beverages
   b. Types of alcoholic beverages and sources
      (1) Wine
      (2) Beer
      (3) Liquor
   c. Calories supplied by alcoholic beverages
2. Effects of alcohol
   a. Alcohol blood level related to psychological effects
   b. Organs affected by alcohol
   c. Alcohol's role in community
3. Drinking patterns
   a. Individual motivations for drinking
   b. Parent-child drinking problems
   c. Effects of advertising
4. Alcohol & laws
   a. Prohibition
   b. Role of alcohol in accidents
5. Rehabilitation
   a. Alternatives to alcohol
   b. Community alcohol rehabilitation programs

C. Sample 3 - Decisions and Drinking is a program developed by the National Institute for Alcohol Education. It is a comprehensive program designed for different adult populations such as women, blacks, and parents of young children. The material includes all resources necessary to run a program aimed at the various target populations, including a facilitator's handbook and media such as films and transparencies and handouts.

The samples above are suggestions to help in the development of an appropriate program. They can be adopted to fit the needs of your community. A questionnaire should be used to help in the assessment of the program and for use in future planning. An example of this is given in the Sample Program A.

PROGRAM D

The director of a community center which serves a large low income housing area has expressed a desire to make a program in alcohol education available to the residents. She/he expects the audience to be composed primarily of adults who are active and influential among the community. The goal is to educate the participants so that they can inform other members of the community.

Using content, methodology, and consulting resource persons in the community, the director decides upon three major topics to be presented in three workshops of two hours each. The outline is:

A. Alcohol - Physical Effects and Psychological Aspects
   1. Addiction
   2. Cross addiction
   3. Emotional dependence
   4. Progression, loss of control
B. Alcohol - Legal Aspects and Highway Safety
   1. Explanation of blood-alcohol concentration
   2. Impaired judgment
   3. Laws regarding alcohol and highway safety
   4. Judicial process
C. An Alcoholic in the Family
   1. Discovery
      a. Why us? Family-self analysis
      b. Role of peer pressures
      c. Cultural factors
      d. A statistic - not alone
   2. Turn for help --
      a. Community
      b. Religion
      c. School
      d. Agencies
      e. Law

3. Recovery
   a. Family understanding
   b. Community image
   c. Danger of recurrence
   d. Role of adjustment
   e. Developing communication skills individually and as a family
   f. Developing problem-solving skills individually and as a family.

The format chosen is lecture/discussions. The director will provide information for the audience in the first portion of the program. The audience will then be divided into groups and a group leader or facilitator appointed for each. The topic for the evening will be explored based on the information provided by the director.

Now that the planning has been completed, publicity to attract an audience must commence.

PROGRAM E

Drinking and driving is the number one safety problem in the United States. The Alcoholism Center of Rensselaer County, Inc. has developed Project SAVE which is an alternative to the usual criminal processing of the DWI offender. The program has three major goals: (1) education, (2) prevention of a repeat DWI offense, and (3) early assessment and intervention with those individuals found to have an alcohol-related problem. This concept is a relatively new one in the judicial system and merits field testing to determine its effectiveness. An outline of the program is included below. For further information, contact the Alcoholism Center of Rensselaer County, Inc., Suite 206, Cannon Building, 5 Broadway, Troy, New York 12180.

Session I: Overview of Program and Alcohol Knowledge Inventory Pre-Test
Session II: Legal, Enforcement and Judicial Aspects of Alcohol and Highway Safety
Session III: Biological Effects of Alcohol
Session IV and V: Psychological Effects of Alcohol
Session VI: Sociological Aspects of Alcohol Use
Session VII: Disease Concept of Alcoholism
Session VIII: Post-testing and Program Evaluation

PROGRAM F

Decision-making skills are critical to the building of a satisfying and productive life. The ability to make good decisions is often reflected in the way we use alcohol. This sample program consists of suggestions and guidelines for preparing several sessions which have as its goal, the development of decision-making skills. A program such as this can be adapted to a wide variety of situations and diverse populations.

DECISION-MAKING

By utilizing the decision-making process, teachers or group leaders are provided with a comprehensive approach for working with individuals in such a manner as to affect their attitudes and values concerning the issue of alcohol as well as a whole host of other health-related issues.

The rationale for utilizing the decision-making process as a viable teaching strategy can be illustrated by the following points:

1. As individuals, it is necessary to learn the skills which we will need in order to make decisions that will prove to better our lives.

2. Often, the action of making decisions within a group situation educates individuals in the questions they must ask themselves and the ways in which a decision is actually made.

3. Effective decision-making by a group on the basis of consensus is both realistic and possible, although it is not always easy.

There are many instances where, due to the pressure of time, the type of decision or the area of responsibility, an individual and not a group may most appropriately make a decision. There are, however, certain conditions that make decision-making by a group the most appropriate means of solving a particular problem:

1. When the group is directly affected by the decision.

2. When various points of view and opinions are needed.

3. When the group must carry out the decision.

4. When the group has learned to work effectively together.

5. When the leadership functions are shared.

6. When decision-making procedures appropriate to the problem are used.

The decision-making process involves five basic steps which a group can take in arriving at a decision with some assurance that it represents the mind of the group as a whole and that it will be acted upon. It is useful to be aware that there are things that may occur which: (1) may help completion of the step, (2) may block completion of the step, and (3) may cause omission of the step. Following is a description of each of the decision-making steps; the things that may help, block, or cause omission of the step are illustrated.

STEP 1 -- DEFINING THE PROBLEM

The process of defining the problem; sharpening the focus so that the issue is clear; internalizing its various implications; clarifying it; and elaborating on it.

Things that help completion: a problem census; small groups; general discussion.

Things that block completion: the assumption that the problem is clear; over abstractions of the problem; the assumption that the problem is relevant.

Things which may cause omission of the step: a standing committee that is reappointed year after year but that never reviews its purpose.

STEP 2 -- SUGGESTING ALTERNATIVE SOLUTIONS

The process of getting ideas on the various alternative solutions to the problem from all the group members.

Things that help completion: brainstorming, additional data; subgroup work; a climate of freedom; periods of silence.

Things that block completion: lack of data; lack of experience; group size; member threat; over-formality; inadequate maintenance function; polarizing on a particular solution.

Things which may cause omission of the step: A chairperson who limits a group to working on the implications of a solution the chairperson has already decided upon.

STEP 3 -- TESTING THE ALTERNATIVES

The process of examining the alternatives in the light of all available data; previous experience; possible consequences; relevance to the problem; and member's attitudes.

Things that help completion: careful examination of alternatives by subgroups; feedback of findings by subgroups, recommendations of subgroups; a climate of freedom to share ideas; large group discussion of alternatives.

Things that block completion: lack of data; premature voting; overprotection of ideas by individual members; inadequate maintenance functions.

Things which may cause omission of the step: the prestige or influence of the chairperson or some other member which prevents the group from putting that person's alternative under real scrutiny.

STEP 4 -- SELECTING AN ALTERNATIVE

The process of reaching a decision by choosing one of the alternatives, or a combination of alternatives, that will provide a solution to the problem defined.

Things that help completion: expression of feelings by all members; maintenance of an agenda for future reference; summarizing of discussion; testing for consensus.

Things that block completion: inadequate testing; lack of clarity regarding the problem; premature voting; no testing for consensus; identification of ideas with persons.

Things which may cause omission of the step: a committee that goes on and on -- exploring the ifs, ands, and buts, ad infinitum -- but never arrives at a decision.

STEP 5 -- PLANNING FOR ACTION

The process of making detailed plans for carrying out the decision by examining the implications of the choice and testing the relevance of proposed action. It should be noted that the planning step sometimes results in re-thinking the decision and returning to one or another prior step in the decision-making process.

Things that help completion: feedback; observer reports; evaluation; post meeting reaction reports; review of data; a climate of freedom.

Things that block completion: failure to reach consensus; failure to explore adequately the implications of proposed action; assignment of total responsibility for implementation to one person.

Things that may cause omission of the step: failure to assign responsibility for implementation of the decision once it has been made.

SELECTING A PROBLEM

Selecting appropriate problems for the decision-making process is a key ingredient to this strategy. The problem should have some relevance to the individuals.

Soliciting possible problems from the individuals should provide a wide variety of problems which may be utilized for the strategy. The individuals should play an active part in selecting the problems to focus on in the decision-making process.

Suggested Problems:

1. Alcohol - America's Favorite Drug
2. Games Families Play
3. Alcohol - Legal Implications
4. Building Self Esteem
5. Improving Communication

PROGRAM G

A county service organization has expressed a desire to bring information about alcohol use to the residents of the county. The organization must first determine the needs of the area. These needs are seen as: (1) providing information to county residents about alcohol use; and, (2) providing information about agencies which are prepared to aid in the treatment of problems associated with alcohol abuse.

The nature of the geographic area provides several problems to the organization. The county is rural, and very large, with a population scattered throughout the area. The possibility of effectively reaching the population through meetings is regarded as negligible.

The members decided that since it is unlikely the residents will come to the program they will take the program to the residents. A mobile unit is planned. A camper owned by one of the members is available and will be equipped with resources such as handouts, tapes, and filmstrips.

Training sessions for the volunteers are held to familiarize them with the various aspects of alcohol use. Content can be useful as well as resource materials and resource persons in the area.

Publicity must be carefully planned, utilizing notices through the schools and news media and announcements through churches and other local and county organizations. Specific dates are announced for the arrival of the unit in the many small communities. In addition, it is planned that the unit will canvass the more rural areas in order to reach as many of the target population as possible.

The use of such a mobile unit as a resource center as well as a referral service can benefit geographic areas which would normally not be provided such assistance.

PROGRAM H

This program is designed for a one evening - three hour - session, recommended for about 30 adults, for discussion of problems that arise with the social use of alcohol.

It is suggested that the evening be planned in a "cocktail-like atmosphere" (no alcohol). Two punch bowls, one containing a large toy spike and the other plain, aid in presenting choices to the participants. Chips, dip, cheese, crackers, etc. might also be available.

Suggested topics might include:

1. The Plan for a Party --
   A. Type of beverages, what and how much do you buy? How many shots in a bottle?
   B. Kind of drinks that should be served? One kind or more? Why do people prefer other drinks, cocktails vs. punch vs. wine?
   C. Why should food be available? What types are best?
   D. What are the advantages and the disadvantages of having a cocktail party at a private home, then driving to a restaurant for dinner?
   E. How to start a cocktail party?
   F. How to end a cocktail party?

2. Discuss being the host and offering non-alcoholic beverages --
   A. How would you feel about it?
   B. What would you offer?
   C. How would you offer the choice to the guest?
   D. How would you react to an old friend who would criticize you as being a "flop" by having non-alcoholic drinks?
   E. How would you react to the guest that had always drunk, was the life of the party, and when offered the non-alcoholic drink, accepted it?

3. Discuss being the guest at a party and asking for a soft drink --
   A. What pressures are applied to such a person to get her/him to drink alcohol?
   B. Suggest ways she/he may respond to pressures
   C. Should you go to parties if you know alcohol will be served?
   D. Should a job require one to drink alcohol?

4. What do you do with the guest who has drunk too much and still wants to drive home?
   A. What is your responsibility as:
      (1) Host or hostess?
      (2) Best friend?
      (3) Spouse?
      (4) Neighbor?
   B. What alternatives are there for the people to follow?

5. What do you do with the guest who has drunk too much and becomes obnoxious?
   A. What is your responsibility as:
      (1) Host or hostess?
      (2) Best friend?
      (3) Spouse?
      (4) Neighbor?

-CHAPTER V-

ALCOHOL CONTENT INFORMATION FOR THE INSTRUCTOR

ALCOHOL CONTENT INFORMATION FOR THE INSTRUCTOR

ALCOHOL IN HISTORY*

The history of this subject begins with the generally agreed fact that alcohol preceded humans on earth and it was discovered, almost certainly, by accident. Tangible evidence exists that alcoholic beverage existed as far back as the Paleolithic age (the stone age), a million or more years ago. Primitive people thought it something mysterious and treated it with a great deal more respect than do modern people. Primitive people regarded it as a gift from the gods and, accordingly, referred to it as spirits, a reference which persists today.

Actually, some early use of alcoholic beverages was most practical, not at all for pure pleasure. There were few ways to preserve food and the water was sometimes impure. Humanity soon realized that grape juice, for instance, spoiled quickly but that fermented juice, the first wine, would keep.

People also observed that those who drank water might fall ill, whereas those who drank fermented liquors did not. Obviously, this was not because the alcoholic beverage was specifically healthgiving, but because the water was impure. There was no science of bacteriology, but the observation was astute.

Ancient tribespeople consumed alcoholic beverages as they danced around their campfires, and one ancient myth even traces alcohol back to the time of creation. Even then, it says, the forces of good and evil challenged each other for possession of the earth. Good triumphed over evil (probably, as Mammy Yokum of Dogpatch always says, "because it's so much nicer") but not without sacrifice. Good guys died in the cause of victory. And where they fell, the myth continues, vineyards began to sprout. The fruit of the vines yielded the blood of the grape which imparted to those who drank it a certain spiritual quality.

Humanity's earliest history, recorded or otherwise, unearthed by modern archaeologists, refers frequently to alcoholic beverages.

One account of the flood, unearthed at Ninevah (in present-day Iraq) tells us that beer, oil, and wine were among the provisions that Noah took aboard the ark, and it is highly unlikely that he fed either beer or wine to his pairs of animals. There is even a biblical reference to alcohol which tells us that Noah overindulged in his supply of wine with the customary results.

* Portions of this section were adapted from: *Teaching About Beverage Alcohol*, State of Illinois, Department of Public Instruction.

The Babylonians and Egyptians brewed beer more than 6000 years ago. The Egyptians passed the skill on to the Aegeans, and it spread throughout the ancient world to Greece, Rome, and other Mediterranean countries. The ancient Chinese, Japanese, and Britons also made beer and ale.

The first recorded evidence of alcohol in an ancient culture appeared on Babylonian tablets. The ruins of a winery estimated to be 2600 years old have recently been unearthed near Jerusalem. The early scholars -- Plato, Socrates, Aristotle -- are known to have been wine drinkers, and vineyards were important to early Roman agriculture. After their conquest of Gaul, the Romans introduced viniculture to that country (now France).

The use of wines was commonplace in early biblical times, and wine was still considered one of God's gifts. Distillation was known a century before the birth of Christ although it was not much practiced, wine being the popular beverage of the time. (History seems to support the viewpoint that problems relating to the consumption of alcoholic beverages were compounded after the introduction of distilled beverages.)

Wine consumption was heavy during the middle ages. Abstinence was practiced by a few ascetic mincrities as a step toward Christian perfection, but drinking was generally accepted although drunkenness was frowned upon.

The clergy itself assisted in establishing the prevailing attitudes toward drinking and, in fact, the strongest wines even took on a churchly sound when they were called "theologicum."

During the middle ages, to some extent, abstinence was regarded as unacceptable since the view persisted that wine was a God-given gift. It was not only a basic part of religious ritual, but it was an accepted remedy for many illnesses. In both the Catholic church of the time and the early Protestant sects, abstinence continued to be the badge of the dissenter.

As medieval monks became keepers and guardians of the wine, Europe became the wine capital of the world, a distinction it has never really relinquished. Many of the refinements in the science of fermentation took place in the monasteries.

Alcoholic beverages came to the new world with the earliest colonists. If you visit the reconstructed Mayflower at Plymouth, Mass., guides will tell you that one reason the Pilgrims settled on that unfriendly coast was because their supply of beer had run short. They simply had to land to brew a fresh supply.

John Alden's contribution to that 1620 expedition was not merely to seek Priscilla Mullins' hand for Myles Standish. Alden was not even a Pilgrim, but was hired on as a cooper, an expert at repairing barrels, and presumably he was of great value when it came to keeping the beer supply safe within its containers.

But the various colonizing groups brought varying attitudes toward alcohol which became characteristic of the lands they colonized. Some were abstainers who brought no liquor with them but did bring anti-liquor biases. Others enjoyed their indulgence and brought along their own supplies of drink. So the seeds of uncertainty on this issue were planted early in the history of the new world.

Methodists, Quakers, and Calvinists were early proponents of temperance, but Puritan clergymen, Dutch merchants, and Virginia planters agreed that alcohol was not only useful, but necessary. They were quick to condemn excessive drinking as an abuse of one of nature's wholesome gifts and saw the excesses as a violation of the divine will.

Opinions varied from community to community. But the record shows that in some areas there was official concern that an adequate supply of beverage alcohol be maintained.

The North American Indians seem to have been one of the few peoples of the world who had never learned to make alcoholic beverages. But the pioneers were quick to bring that particular blessing of civilization to the natives of the lands they settled.

Some of the early legislation enacted in the colonies was designed to encourage inn-keeping, brewing, and distilling. Sale of beverages was intimately associated with the needs and desires of travelers, since alcohol was considered an integral part of the daily diet.

Indeed, taverns enjoyed a unique prestige in colonial times. In 1656, Puritan authorities pushed through a law in Massachusetts, making a town liable to a fine for not providing a public tavern. This was in part because the colonists believed public drinking was likely to be more moderate than private drinking.

But by the early 1700's, opposition to drinking was being voiced by the vigorous outspoken Cotton Mather. He regarded it as a practice inclined to weaken the moral fiber of the younger generation, as a license for loose-living. This was only part of a general campaign by the Puritan clergy to retain a tighter grip on members of their churches. In his campaign to suppress drunkenness, revelling, and idleness, Mather directed a great deal of his wrath at inns and taverns, despite their somewhat privileged status.

Independence was scarcely won when it was put to the test by the Whiskey Rebellion of 1794. Farmers had found it practical to turn much of their corn and rye into whiskey which was both profitable and easier to ship to market than the bulky grains. In 1791 a federal tax was levied on whiskey makers, and government agents were sent to collect it. Pennsylvania farmers, particularly, preferred fighting to paying until finally President George Washington sent troops to stop the rebellion.

This was an early test of the federal power to enforce federal law but of equal importance to this study, it revealed dramatically the importance and acceptance of a relatively new craft, whiskey distillation, in the infant country.

The seriousness of that rebellion indicated the popular support of the industry.

It probably is inaccurate to imply general acceptance of alcoholic beverage in the young country because the rugged individualism of the early Americans was such that general agreement on anything was unlikely. However, the prevailing mood seems to have been that weddings, christenings, wakes, and commencements were proper occasions for drinking.

Drunkenness was tolerated; drinking was respectable, and alcoholic beverages were sold in stores as well as in taverns. There was no organized liquor industry as such, with giant breweries and distilleries, but the many small privately operated stills met the demand.

This was the climate when a broader reaction began in the early 1800's. It was in 1808 that the first temperance society was formed. No scientific study had been directed at the causes of alcoholism but with religious leaders and physicians providing leadership, and with anti-drinking programs built around the issues of morality and health, many temperance societies emerged following organization of the first one in 1808.

A class of complete abstainers came into being. A substantial portion of the society began to question the value of alcoholic beverages and the tavern itself. Were they necessary, skeptics asked, or were they sources of an intolerable burden?

Early skeptics promoted moderation, but that gave way to temperance and ultimately, to a surge toward abstinence. Their first efforts focused on distilled liquors but gradually expanded to include wine and beer as well.

This was only the beginning of the intense polarization of attitudes, permissive and restrictive, which was to culminate in the legal prohibition of this century.

While a variety of abstinence and temperance movements broadened their base of support as the nineteenth century wore on, so did drinking consolidate its position.

In fact, the Industrial Revolution in this country gave a new dignity to the saloon, which became a social institution of some small importance. As rural residents trekked to the cities, giving impetus to urban development, the saloon became a sort of workingman's club, with an all-male patronage. It was more than a place for drinking. It was a place for small talk and great debate, a place for the hard working men of the day to pass their time.

But equally dynamic was the anti-drinking movement. The Washingtonian Movement created in 1840 ultimately saw several million persons take the Washingtonian pledge of abstinence. It projected the moral side of inebriation into public thought. It created the new concept of hospitals for the cure of inebriates unable to keep their pledge. It advocated kindness for drunkards. It declined only when the general temperance movement embraced legal means of suppressing drinking and abandoned moral persuasion.

These movements had no shortage of financial aid from their devoted supporters. They were well organized, and their demonstrations, marches, and parades were commonplace. They were able to bring enough pressure to bear on politicians to win many over to their camp. (For instance, Abraham Lincoln was convinced that prohibition by state action was desirable.) It was in 1851 that Maine became the first state to enact a prohibition law Twelve other states passed similar laws in that period, but all were repealed or declared unconstitutional except Maine's.

The Civil War, capturing as it did the full attention of all Americans, slowed down the march of temperance reform. It created an atmosphere which made liquor generally more desirable, not less. As a result, the liquor business expanded greatly during, and just after, the Civil War.

The tempo of temperance picked up rapidly once the Civil War was over. Frustrated that neither Republicans nor Democrats would consider prohibition in their platforms, proponents organized the Prohibition Party in 1869.

In 1874 the Women's Christian Temperance Union was organized and then in 1893, the Anti-Saloon League. This latter gave way to the National Temperance League of America in 1895. It was during the 1890's that Carry A. Nation chopped her way into American folklore by smashing every saloon in sight with her trusty hatchet.

During those years the per capita consumption of liquor was increasing, strangely enough, side by side with the concept that freedom from the drinking tradition was the normal way of life. By the turn of the century, Kansas, North Dakota, New Hampshire, and Vermont had joined Maine as dry states. Still other states had enacted local option laws which permitted individual communities to prohibit alcoholic beverage sales within their boundaries.

The non-drinking culture remained in the minority, but it was active and growing. It hoped to outlaw the saloon and educate the public to what it considered a new moral level to discourage drinking and eliminate drunkenness. No longer was temperance enough. The magic word was abstinence.

With all this behind the movement, the final drive for national prohibition was launched in 1907 when Georgia went dry, and state after state fell in line. Then it happened when, in 1917, the movement which might be traced to Cotton Mather 200 years earlier suddenly had the upper hand, and the 18th Amendment to the Constitution was submitted to Congress.

Twenty-five states already were dry, and thousands of communities were dry by local option. Sixty-one percent of the nation's population lived under prohibition laws. Industry, labor, farmers, and other organized groups climbed aboard the bandwagon to support prohibition. This time the war-time climate of World War I did not delay the movement.

On January 16, 1920, the 18th Amendment went into effect, and the manufacture, sale, or transportation of intoxicating liquors in the United States was prohibited.

But prohibition failed. A nation which had never been able to make up its collective mind whether to drink or not to drink simply couldn't live with the law. Perhaps it is oversimplification to say that it was an unenforceable law, but the fact is it did not have the widespread support any law must have.

Once again it became a political issue with "wets" vying with "drys" over whether to retain or repeal the amendment. Less than three weeks after Franklin Delano Roosevelt became president in 1933, Congress repealed the Volstead Act of 1919 which had enforced the 18th Amendment, and the manufacture and sale of wine and beer were legalized once more.

Then came Amendment 21 which repealed Amendment 18. By December 5, 1933, less than a year after Roosevelt's inauguration, the necessary 36 states had voted ratification, and national prohibition was no more. This took the matter out of federal hands, returning it to the states.

By 1936 all but eight states had legalized the manufacture and sale of liquors. By 1966, all states permitted the sale under various local regulations. While many localities continued to ban the sale, the pre-Prohibition status quo was restored, and the "wets" had the upper hand again.

It is likely that anti-liquor sentiment is virtually as strong since repeal as it was before so the old American ambivalence on the issue is still, in effect, the law of the land.

On the other hand, the demand for (total) abstinence probably is less acceptable than it was before Prohibition. Our society has undergone a structural change and as a result the dominant middle-class has become more permissive toward the use of alcoholic beverages.

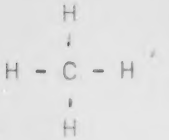
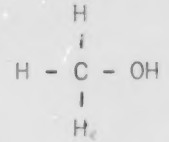
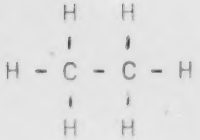
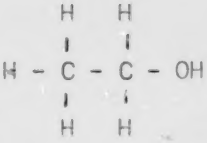
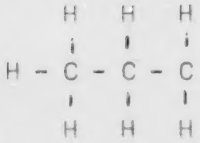
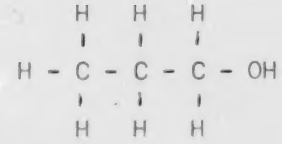
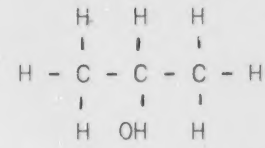
The business boom of the 1920's plus the World War II years and the general prosperity following World War II brought about a change in life-style. Values changed and were sharply different from those of the farmers, small businessmen, and professionals of the older middle class. The new cosmopolitan middle class seemed to support the norm of permissive drinking. It did not necessarily advocate it, but it did seem to consider it a matter of individual conscience.

This was the attitude toward alcohol more than a generation after the lapse of Prohibition.

SOURCES OF ALCOHOL

The term alcohol refers to a large number of chemical compounds with different physical properties and variety of uses.

Chemically, alcohols are either alkyl derivatives of water or hydroxyl derivatives of the hydrocarbons. Alcohols can be made from hydrocarbons by the substitution of a hydroxyl (OH) group for one hydrogen position on the carbon skeleton.

Hydrocarbon Formula	Name	Alcohol Formula	Names
	methane		methanol methyl alcohol
	ethane		ethanol ethyl alcohol
	propane		1 - propanol n - propyl alcohol
			2 - propanol Isopropyl alcohol

The most common alcohol and the one with the greatest concern socially, psychologically, and physically is ethanol (ethyl alcohol). Ethanol is the alcoholic constituent of beverage alcohols and by far the most common member of the group.

Fermentation is a process where microorganisms (yeasts or bacteria) act on sugar in the presence of water to yield alcohol and carbon dioxide.

$$C_6H_{11}O_6 + H_2O \xrightarrow[\text{Yeast}]{\text{Fermentation}} C_2H_6O + CO_2$$

Glucose — Water — Ethyl Alcohol — Carbon Dioxide

Most fruits, including grapes, contain sugar, and addition of the appropriate yeast to a mixture of crushed fruit and water will yield alcohol. The yeast will die and fermentation stops when the alcoholic concentration of the mixture reaches 15%. Dry wines have only slight traces of sugar left in them after fermentation, whereas, sweet wine contains 2 to 15 percent sugar added after fermentation.

White wines are made from white grapes or red grapes from which the skins are removed. Red wines come from red grapes in which the skins are retained in the fermenting mixture. If the red grape skins are allowed to remain in the fermenting mixture for only a day or two a rosé wine is produced.

Alcohol may also be obtained from cereal grains (grain alcohol) but first the starch content of the cereal must be converted to sugar by a process known as malting. In American made beer, barley is allowed to sprout and then slowly dried to kill the sprout but not the enzymes. This dried mixture is called "malt" and when crushed and mixed with water the enzymes will convert starch to sugar. Ground corn is generally added to increase the amount of starch. After filtering out the solids, yeast is added for fermentation and hops are added to produce the flavor. Beer usually contains 4 to 5 percent alcohol by volume. Ale, like beer, is a malted beverage and contains 6 to 8 percent alcohol by volume.

Whiskey is made from the liquid portion of the fermentation mixture by distillation. The product first distilled is 60 to 80 percent alcohol by volume as is "raw" whiskey. American whiskeys are then aged in charred oak barrels from 2 to 8 years to improve the flavor. Canadian whiskeys are stored in uncharred barrels.

Scotch is the distillate of fermented malted barley and derives its distinctive flavor from the burning peat used to dry the malted barley and also from the storage for 3 years in barrels originally used to transport sherry.

Rum is the distillate from the fermentation of molasses made from sugar cane.

Gin is made from raw alcohol that has been filtered through juniper berries and orange peels.

Vodka is pure alcohol diluted with water. Vodka is not aged but bottled for consumption immediately after distillation.

51

Mexican tequila is made by distilling the fermented beverage pulque. Pulque is made from the sweet juice of the maguey plant by yeast fermentation.

It's customary to express the percent strength of an aqueous solution of alcohol in terms of a volume-in-volume percent; that is, the number of cubic centimeters (minims, fluid ounces) of pure (absolute) alcohol contained in 100 cubic centimeters (minims, fluid ounces) of solution.

The alcoholic concentration of distilled beverages is often expressed in terms of proof strength. Proof strength of a solution of alcohol is twice the percent strength. (A 40% volume-in-volume solution of alcohol is 80 proof.) Conversely, one half the proof strength of a solution of alcohol is the percent strength. (A 90 proof solution of alcohol is 45% volume-in-volume solution.)

The term "proof" is said to have originated from the custom of pouring distilled spirits over gunpowder and igniting it. If the alcoholic content of the spirits was 57% (114 proof) or above the mixture would explode ("Proofff") and this would certify to fellow drinkers that the drink was of acceptible quality.

"Proof spirit" is a 50% solution of alcohol in water, that is, 100 proof. Alcohols of other percent strengths are said to be above proof or below proof. Absolute alcohol is 200 proof.

The tax rate (Federal) on alcoholic beverages is calculated on the basis of "proof gallons." A proof gallon is a gallon of proof spirit, that is, a gallon of 100 proof or 50% alcohol by volume. Any quantity of alcoholic beverage containing 1/2 gallon of absolute alcohol is said "to be the equivalent of" or "to contain" one proof gallon.

ALCOHOL: CHEMICAL, FOOD, DRUG, POISON

Alcohols have a variety of uses and may be viewed in different ways depending on their use. Industrially, alcohols including ethyl alcohol are valued for their solvent powers and are used as vehicles and cleaning agents. Alcohols are found in nature; volatile oils, fixed oils, fats, and waxes are the most common forms of natural alcohols.

Alcohols, especially ethanol, find a wide use as medicine. Local application on the skin of either ethanol or isopropyl alcohol (rubbing alcohol) might be for a cooling action, cleaning action (disinfectant, antiseptic) or to increase blood flow (rubefacient action). Internally, ethyl alcohol may be used to stimulate the flow of gastric juices or may function as a sedative or an analgesic agent. Preparations of drugs with ethanol were once very common in medicine: spirits, tinctures, solutions, liniments, elixirs, and fluidextracts.

Ethyl alcohol is a quick and ready source of energy in the body (one gram yields seven calories) and thus is often classified as a food. Since alcohol provides only calories and no proteins or vitamins, it does not serve as an adequate food source.

Methanol (methyl alcohol, Carbinol, Wood Alcohol, Columbian Spirit) is a highly toxic alcohol. Poisoning results from its ingestion as a substitute for or as an adulterant of ethanol. Drinking less than a pint of methanol leads to acidosis and death. Ingestion of small amounts of methanol over a period of time leads to blindness.

ALCOHOL IN THE BODY

Alcohol is not altered in the digestive tract but is absorbed unchanged from the stomach and small intestine. The presence of food in the stomach will delay the absorption of alcohol as will diluting alcohol with water. Carbonation of a beverage will decrease the time the drink will stay in the stomach and because of the faster rate of alcohol absorption in the small intestine, drinks such as Scotch and soda or champagne have a faster onset of reaction.

Alcohol mixes well with water and once in the blood stream the alcohol moves rapidly in all body fluids. Tissues which contain a greater amount of water (blood) will contain more alcohol than tissue with less water content (muscle). This also becomes an important consideration in that the body is about 80% water; therefore, the larger person is able to distribute alcohol away from the brain and into fluid compartments; thus blood levels and brain concentration of alcohol will be less in a 200 pound person than in 100 pound person, even though both consumed the same amount of alcohol. Charts are available showing the relationship between blood levels and alcohol consumed.

Blood alcohol levels are reported as the number of milligrams of alcohol in each 100 milliliters of blood and are expressed as percent. Since 100 grams in 100 milliliters would be 100%, 100 milligrams of alcohol in 100 milliliters of blood is said to be 0.10%.

Blood alcohol levels can be related to behavioral changes; however, one must keep in mind that the concentration of alcohol in the brain is the ultimate determining factor of behavioral effects. Studies report that at a blood level of 0.05% alcohol correlates with a decrease in alertness; 0.10% alcohol correlates with a slowed reaction time and is the blood level in New York State for which one can be arrested for driving-while-intoxicated; at a blood level of 0.35% one would be described as dead drunk or at the stage of surgical anesthesia; a blood level of 0.50% would be fatal to most individuals.

Blood alcohol level gives a reasonable estimate of the brain alcohol concentration, and the concentration of alcohol in the breath gives an estimate of the alcohol concentration in the blood. These relationships are used by justice departments to establish the basis for driving under the influence and for driving while intoxicated. Figures clearly indicate a high correlation between drinking and automobile accidents.

The majority of alcohol (90 to 98%) is completely metabolized in the liver. A small amount of alcohol is in the exhaled air, small amount is also excreted in the urine and perspiration.

In the liver, alcohol is acted upon by the enzyme alcohol dehydrogenase and converted to acetaldehyde; the acetaldehyde is subsequently oxidized to acetic acid which then enters the citric acid cycle yielding energy in the form of adenosine triphosphate (ATP).

The rate of metabolism of alcohol is not influenced by the blood alcohol level; thus the oxidation rate of alcohol is at a fairly constant 8 grams of alcohol an hour. Since alcohol does not bind itself to tissue sites or deposits anywhere in the body, when absorbed it must stay in body fluids until metabolized. If intake is faster than oxidation, blood levels of alcohol increase.

Based on the above considerations, simple calculations can be made to estimate how long the body takes to eliminate alcohol taken in or how rapidly blood levels may fall to permit a person to drive safely. One rule of thumb which can be used is: the amount of alcoholic beverage (ounces) a person can metabolize in an hour is determined by dividing body weight in pounds by five times the per cent of alcohol in the beverage.

The rate of oxidation of alcohol is not influenced by increases in body metabolism or the oxidation of foods. Nor is there any basis for the common belief that an intoxicated person can be sobered up by exercise, except for the fact that time is passing. Stimulating drugs and strong black coffee tend only to counteract some of alcohol's depressing effects.

Alcohol acts on the central nervous system as a general anesthetic in that it produces an irregular depression of the central nervous system. It was used in the past as a general anesthetic, but the dose necessary to produce anesthesia is very close to the lethal dose (narrow margin of safety). The exact mechanism for the depressant effect of alcohol is not known, but evidence indicates that alcohol acts on the neuronal membranes. Even though there may be increases in certain behavioral patterns, alcohol is not a stimulant. It only seems to be a stimulant when it has depressed inhibitory influences of the reticular system.

The reticular system becomes depressed at the lowest effective blood level which results in the cerebral cortex losing its integrational activity. Complex, abstract, and poorly learned behaviors are disrupted at the lower alcohol levels and, as the dose increases, simpler behaviors are altered.

Alcohol ingestion in combination with other drugs may produce unexpected results. Sleeping pills, sedatives, tranquilizers, and antihistamines taken with (before or after) alcohol may be lethal.

Even moderate amounts of alcohol impair judgment so that a person influenced by alcohol may miscalculate and take an overdose of another drug. Extreme hazard exists in combining more than one depressant drug as the effects on the central nervous system may be more than just additive. For example, when alcohol and a hypnotic or sedative, especially those containing a barbiturate are taken in combination, the combined effect is much greater than when an equivalent dose of either is taken alone. The same is true of most tranquilizers taken with alcohol.

Alcohol intake will cause a vasodilation, especially of cutaneous blood vessels, which increases the heat loss from the body but produces a feeling of warmth. Experienced mountaineers and hikers are aware that alcohol is a poor substance to drink when exposed to cold weather, even though they may feel warm they are losing body heat which could be dangerous.

Alcohol is irritating to the mucous membranes of the alimentary tract. The irritation may increase the flow of gastric secretions and thus the belief by some that alcohol is a good appetite stimulant. However, the gastric secretions are rich in acid but poor in pepsin and may be aggravating to gastric ulcers.

Alcohol does not markedly affect respiration except in large doses sufficient to cause severe intoxication at which time breathing is seriously depressed.

Alcoholic beverages frequently increase the output of urine. This effect is usually ascribed to the increased intake of water. Recent evidence now indicates that alcohol itself exerts a mild diuretic action.

When alcohol intake occurs regularly and in large quantities over a period of years the individual gets a significant amount of his daily calories from alcohol. This decreases his intake of foods that furnish the necessary nutrients. Alcohol, remember, supplies only calories and no nutrients. Therefore, most chronic alcoholics have nutritional and vitamin deficiencies. Chronic alcohol intake coupled with the nutritional deficiencies may lead to serious organ problems with liver, brain, pancreas, and intestinal tract.

A hangover may occur on the day following a relatively large and/or prolonged intake of alcohol. The complete basis for the symptoms of a hangover is not known, but the symptoms are very familiar to most individuals: upset stomach, fatigue, headache, thirst. The nausea and upset stomach are due to the irritating action on the gastric mucosa; the headache may be produced by either the accumulation of acetaldehyde or an allergic reaction to congener products of fermentation.

A definition of alcoholism, as reported by the World Health Organization's Expert Committee is a technical one: "Any form of drinking which in its extent goes beyond the traditional and customary dietary use or the ordinary compliance with the social drinking customs of the whole community concerned irrespective of the etiological factors leading to such behavior, and irrespective also of the extent to which such etiological factors are dependent upon heredity, constitution or acquire physiopathological and metabolic influences." The American Medical Society describes alcoholism as both a major chronic disease and a major social problem. An alcoholic is impelled to drink against his will or judgment even if his will and judgment are functioning. So far as alcoholism is concerned, the victim is completely without willpower, not weak-willed or wrong-willed. The Rutger's University Center of Alcohol Studies offers a more concise definition: "An alcoholic is one who is unable consistently to choose whether he shall drink or not, and who, if he drinks is unable to choose whether he shall stop or not."

The development of alcoholism is usually gradual and the individual does not realize what is happening to her/him, although those around her/him may; thus the family, friends, and employers of the victim share in the problems created. E. M. Jellinek divides alcoholics into five classifications that explain to some extent the different types of drinking and how they develop:

1. Alpha: Continued psychological dependence or reliance upon the effect of alcohol for relief of physical or emotional pain. There is no loss of self-control, no withdrawal signs, no signs of progression.

2. Beta: Characterized by gastritis, cirrhosis, or other complications usually associated with alcoholism but there is no physical or psychological dependence. The incentive to drink is usually social custom. The resulting damage is for the most part nutritional, an impaired budget, diminished job efficiency, and, as in the case for all types of alcoholics, a life span curtailment of up to twelve years.

3. Gamma: This type is most prevalent in American society and is characterized by the acquisition of increased tissue tolerance, adaptive cell metabolism, physical dependence, usually accompanied by withdrawal symptoms or craving and loss of control. Progression from psychological to physical tolerance and behavior changes likewise help to identify it.

4. Delta: Fairly non-representative in American society, this type is found most often in countries where wine is the all-purpose beverage and is characterized by the inability to abstain.

5. Epsilon: Periodic alcoholism. This type is characterized as "occasional binge" drinking. It is fairly prevalent in American colleges and is characterized by long intervals between bouts. Its periodicity may be marked by a week or two, by one or more months, or even by a year.

There is no easy way to estimate the number of alcoholics in the United States. Surveys conducted throughout the country give some indication of the prevalence of this illness. It has been estimated that there are 9 to 10 million alcoholics in the United States. The use of alcohol is prevalent among men, those aged 21 to 39 years; the better educated; those living in the larger cities; Jews, Catholics, and Lutherans; the unmarried; and those in the higher income brackets and in the upper occupational status groups. Many alcoholics come from broken homes and many have at least one parent with a drinking problem.

A behavioral tolerance to alcohol has been demonstrated. A heavy drinker is able to perform certain tasks better than a moderate drinker or abstainer at the same blood-alcohol levels. A partial explanation might be that the heavy drinker is better able to conceal impairment and probably has had more practice. Another explanation may be that the central nervous system develops a tolerance at the cellular level to alcohol in the chronic drinker.

Prolonged heavy use of alcohol leads to the development of physical dependence. When alcohol intake is then stopped, the abstinence syndrome (withdrawal symptoms) occurs and death may result if medical treatment is withheld. The abstinence syndrome includes tremors, convulsions, delirium and hallucinations. Anxiety, insomnia, feelings of unreality, nausea and vomiting are other symptoms that may occur and last long after drinking has stopped. Tremors are one of the classical signs associated with alcohol withdrawal. Delirium tremens (The DT's) may develop if medication and treatment are delayed. Hallucinations will appear in a day or two as the blood alcohol level drops.

Alcohol affect an estimated 5 to 10% of the U. S. workforce. A General Motors survey found that the heavy drinker is absent 16 times more often and suffers almost four times as many accidents as other workers. The alcoholic employee costs his employer about 25% of his salary annually. Total loss due to absenteeism, lost workhours, sickness or accident benefits may cost U. S. industry $10 billion a year.

Many large industrial corporations are developing recovery programs to help alcoholics and their families. Recovery program personnel aid in recognizing the drinking problem, setting up counseling for the alcoholic employee and making referrals for medical treatment. The alcoholic is treated like anyone else who is sick and not fired if she/he is willing to accept help. In many instances Unions and management are working together to help the alcoholic.

The skid row bum or Bowery bum has long been pictured as the typical alcoholic. This is far from the truth as less than 5% of the alcoholics end up in such situations. Most of the victims are adults with families who often shield the alcoholic in a well-meaning attempt to cover up for them. The presence of an alcoholic in the family can cause disruption of the daily life of that family which may eventually lead to permanent break-up of the family. Any child past six or seven is likely to become aware of a connection between a parent's strange or unreasonable behavior and the fact that he/she frequently drinks something poured from a bottle.

The alcoholic may well see her/himself in an entirely different light. Drunk or sober she/he may not see her/himself, or her/his drinking, as the least bit troublesome. The majority of alcoholics do not seem to think they need help even though their drinking may disrupt their organized living. Some may give lip service to the recognition that something is wrong but put off doing anything about it.

Advertising by the alcoholic beverage industry in the U. S. amounts to over $300 million a year. Each year adult Americans consume on an average 9 quarts of pure alcohol and spend about $25 billion on alcoholic beverages. Advertising is directed toward sex, maturity and good times.

Drinking Patterns

There are various degrees of drinking. Total abstainers or teetotalers never drink under any circumstances. Social drinkers drink only in those social situations where drinking is conducive to smooth social interaction. Excessive drinkers drink heavily and in a pathological manner but no serious harm is suffered. The chronic alcoholic drinks heavily with serious consequences to the family, job, and to self. This individual either cannot overcome her/his drinking or does not realize the disastrous effects her/his drinking is having.

Social drinkers and excessive drinkers are not strictly speaking alcoholic but may develop into alcoholics either without knowing it or as the result of some tension-producing circumstances that start the drinking behavior. These drinking patterns do not have hard boundaries but grade into each other. A person may go from a social drinker to an alcoholic without there ever being an identifiable degree between the two. She/he may remain at the same level of drinking all her/his life.

Individuals who do not want to drink must learn how to refuse a drink gracefully and how to stand firm with their decision. Individual attitudes about drinking must be respected. Social drinkers must respect the abstainers and not ridicule them into drinking against their will; the abstainer must live with the drinker and be willing to offer help and not disgust when individuals have needs. To be a good host or hostess, one must take into consideration the views of guests on alcoholic beverages and be prepared to offer alternatives for guests.

Drinking problems among women are increasing. Most women drinkers are not found on bar stools but are drinking at home. This drinking behavior is mostly due to the fact that society unequivocally condemns the drinking female. Aside from her drinking habits, the female is comparable to the male drinker on such variables as age, education, social and cultural background.

Family units should be willing to discuss the use of alcohol and establish an understanding of its use or nonuse within the family. The family with a problem drinker (either adult or child) will have to be helpful and understanding in dealing with the individual.

Some Reasons for Drinking

Within the context of our society, we drink for many reasons, some valid and some grossly unfortunate. We drink: 1) for ceremonial purposes, 2) for dietary reasons, 3) for refreshment, 4) for compliance with customs, 5) to feel happier, and 6) for pathological reasons.

Those who drink for ceremonial, dietary, and refreshment purposes are likely to consume moderate amounts of beverages. Ceremonial drinkers most often use alcohol in connection with religious ritual. Dietary drinkers are those who use alcoholic beverages as part of their meals.

Some persons drink because they like the taste or to quench their thirst. Others are complying with prevailing custom when they toast the newlyweds, drink at cocktail parties, or to celebrate a festive occasion.

A cocktail before dinner may relax a person. It may help promote conversation with strangers or it may promote a feeling of good fellowship with friends or associates, such as lodge brothers.

Pathological reasons for drinking occur when the individual experiences a real inner compulsion to drink. It is the pathological drinkers who are society's problems and are most likely to become the chronic alcoholics.

For many teenagers, drinking seems symbolic of the transition from adolescence to adulthood. But try as we might, we can't limit this motive to the younger set. The fact is many adults view their drinking as a sign of masculinity, femininity or sophistication.

Reasons for Abstinence

The history of the drives for abstinence in this country is told elsewhere in this guide. Reasons for total abstention are many, but seldom would any list of reasons include a dislike for the taste. That's incidental, if any factor at all. In all likelihood, those favoring total abstinence do so for one of the following reasons or some combination thereof:

1. Religious beliefs that the use of even small amounts of beverage alcohol is sinful;
2. Fear that uncontrolled drinking may develop after years of controlled use;
3. A combination of religious beliefs and other attitudes.

The Attitudes of Organized Religion

"The moral taboo on drinking is breaking down among Protestant churches," said the Rev. Jon L. Regier, an official of the National Council of Churches. "At the same time, however, the churches are reaching a new awareness of the grave problems posed by irresponsible use of alcohol and are seeking enlightened ways of dealing with these problems."

Some Protestant bodies still firmly condemn any use of alcohol. And while the older religious denominations, Protestant and others, favor temperance, the newer Protestant groups are more likely to advocate abstinence.

Recent studies indicate that 77 percent of Protestants "sometimes" drink, while 90 percent of all Catholics and 94 percent of the Jewish faith use alcohol to some degree.

The Jewish and Catholic churches have never crusaded against drinking but neither have they opposed abstinence movements. Traditional ethics of both churches have denounced drunkenness.

The Moslem faith is one of the very few religious faiths with holy documents which specifically prohibit the use of alcohol.

Drinking in the United States

Whether one drinks or does not drink, she/he must be impressed by a recent study which revealed drinking as typical behavior in the United States while revealing that both abstention and heavy drinking are atypical. In that survey, it was found that 68 percent of the persons studied do drink -- 77 percent of the men and 60 percent of the women.

Other significant findings in that study included the fact that 77 percent of the white men and 79 percent of the black men drink. While 61 percent of the white women drink, the figure among black women was only 49 percent.

Of those who drink, 15 percent are infrequent drinkers (less than once a month), 28 percent are light drinkers (no more than one or two drinks per occasion at least once a month), 13 percent are moderate drinkers (no more than three or four drinks several times a month), and 12 percent are heavy drinkers (five or more drinks daily).

For the student of the subject who likes facts and figures, the following more specific data are offered:

Groups showing below-average numbers of drinkers included: women over 40 (52 percent drinkers); men over 60 (65 percent drinkers); those with incomes under $6,000 (55 percent); farmers (42 percent); service workers (61 percent); laborers (57 percent); semi-skilled workers (62 percent); non-graduates from high school (57 percent); residents of the South Atlantic region (58 percent); East South Central States (35 percent); West South Central (62 percent); West North Central (66 percent); and Mountain States (58 percent).

To continue with those groups which showed below average numbers of drinkers: respondents living outside Standard Metropolitan Statistical Areas (51 percent); Baptists (47 percent); and members of other conservative Protestant denominations (36 percent); and those who identified their national origin as the United States (46 percent); English or Scot (60 percent); Scot-Irish (50 percent), and Latin America (63 percent).

A materially higher proportion of drinkers would be considered upper class (76 percent of the highest and upper-middle classes). Among those who drink at all, individuals with lower socio-economic status have a somewhat higher proportion of heavy drinkers (18 percent).

Alcohol and the Young Adult

If such a thing as the generation gap exists, nowhere is it more evident than in the older generation's ideas about the drinking habits of the younger generation. Misconceptions are abundant.

As a matter of fact, drinking patterns among youth parallel those among the more mature population, as discussed previously. American high school youths drink primarily because it's a custom, a social act, and/or a practice. Teenagers do not drink simply because they are teenagers. What they do or do not do with alcohol reflects the complex and varied influences that make up the sum total of their experiences.

Shortly after World War II, the Yale Center of Alcohol Studies conducted a massive study of the drinking customs and attitudes of some 16,000 college students throughout the United States, in 27 colleges and universities. Among other findings, the study destroyed the popular stereotype of heavy undisciplined drinking in the college student population.

It revealed that individual behavior with respect to beverage alcohol largely reflected the behavior patterns of one's social group and that the drinking patterns of college students pretty well reflect what is going on in American society. In other words, college students are more typical of society as a whole than those over 30 are likely to believe them to be.

Another study focused on high school students in Utah, where most of the respondents were of the Mormon faith, a faith which has traditionally opposed the consumption of alcohol. The research showed that 56 percent of the boys studied, and an impressive 80 percent of the girls, were abstainers.

Another student of the subject, Jack J. Richardson, learned that half of 300 college students (and their parents) who considered themselves opposed to drinking were Baptists and Methodists. He found that almost all students absolutely opposed to the consumption of liquor had strong religious affiliations.

The study was consistent in that as groups of students displayed more favorable reactions toward alcohol the percentage of Baptists and Methodists decreased. At the same time, the percentage of non-church affiliates increased. Roman Catholics were in both attitude categories, for and against drinking, but their numbers increased as the attitude of the group became more favorable toward drinking.

The aforementioned Yale survey, following World War II, further revealed that 89 percent of students from homes in which both parents drank were drinkers. Where both parents abstained, 54 percent of the students abstained. This provided additional evidence that drinking is a custom rooted in family and societal cultural patterns, not something the student necessarily learns when he goes away to college.

Laws designed to discourage drinking among younger people seem to receive feeble support from adult members of the community. There seems to be very little relationship between community law and teenage drinking. Instead, it appears that parental practice is a more important factor. Many parents seem to reflect the colonial attitude which focused on timing and control of indulgence, not on abstinence.

There is evidence, too, that most young people are not led into drinking by their peer groups but, instead, are likely to seek the peer groups which support their own inclinations. If they already drink they tend to seek out drinkers. If they don't drink they tend to seek out abstainers.

This seems to be a factor in the selection of colleges. The Southern Baptist who advocates and practices abstinence is not likely to feel (socially) at home in the Ivy League school where social drinking is considered part of the accepted way of life. Students from higher income groups which condone the more hedonistic way of life, including drinking, will be attracted to the Ivy League.

Furthermore, for most students, drinking did not start in college. It did not necessarily take place on the campus and really showed no dominant pattern. More important to establishment of drinking habits was the process of growing older and experiencing life. Being young and being physically present on campus seemed almost accidental.

Numerous studies have revealed the fairly obvious fact that the probability of a teenager becoming a drinker increases with age. For instance, greater percentages of high school juniors and seniors drink than do freshmen and sophomores. A similar pattern is observed among college students.

Both the amount of alcohol consumed and frequency of drinking accelerate as young people become more independent participants in society. They acquire drivers' licenses, they graduate from high school, and reach voting age. They take full-time jobs, enter military service and marry. These are phenomena which imply some degree of maturation. Drinking may well be added to the list of phenomena.

In the United States there are few clear-cut criteria marking the entrance into adult status. Anthropologists tell us that when there are such criteria, as among certain primitive cultures in South America which induct the young into adult status by tribal rite, there appear to be few problems related to the use of alcohol.

The Yale survey revealed that 74 percent of the students studied did use alcoholic beverages to some extent. But less than half drank more than once a month and fewer than a fifth of the men, and no more than a tenth of the women, drank more than once a week. The percentage of students who drank frequently and heavily was small. Among those who drank the most, according to the survey, the amount of alcohol consumed at the lowest limits was such that it would rarely be to the level of intoxication.

A study in Nassau County, New York, revealed that about 90 percent of students aged 16 or older classified themselves as drinkers. In an average week only about 48 percent of the students drank hard liquor. Two to five percent of those who drank demonstrated patterns considered to be intemperate.

A Kansas study went even further to dispel the illusion that the younger generation is drinking itself to death. Regular drinking of beverages other than beer was reported by no more than one in fifty students of either sex, and hard liquor was consumed by no more than one in a hundred students.

It should come as little surprise to know that among students in Wisconsin, beer was the most popular drink by far. A study revealed that wine or hard liquor were drunk rarely more than once a month. (It was neither wine nor hard liquor that made Milwaukee famous.)

Young people usually will abstain from drinking if the forces surrounding them (parents, etc.) oppose it. However, if those forces condone it, there's a strong likelihood they will drink. If neither force can dominate, the young people are likely to be inconsistent in both their drinking habits and their attitudes toward drinking.

Another student of this subject, Jerome H. Skolnick, has advanced the hypothesis that different religious convictions are more influential in shaping drinking practices than such other factors as frequency of religious participation, age, parental occupation, and regional background. Religion and its ideas about drinking were reflected significantly in the involvement of young people insofar as use of alcohol during childhood was concerned, place of drinking, parents' knowledge of drinking, drinking companions, frequency and amount consumed.

Religion plays a major role in the basic decision as to whether a young person will drink or abstain. But it is not religion in a vacuum, since alcoholic beverages, no matter what you think of them, are a part of the subculture which constitutes organized religions.

There's the Italian-American, for instance, who provides a prime example of an ambivalent attitude. Wine is traditionally a part of the meal, a carry-over from practices ingrained in Italy, yet such families generally belong to a church which discourages excessive use of alcohol.

The Yale study revealed something else of interest. It showed that more than half the students who drank indicated positive respect for abstainers; 30 percent were indifferent, and only four percent rejected the non-drinker.

So if a man (or boy) is known by the company he keeps, it is in large part because he seeks out that particular company. It is not that company which seeks him out to convert him, either to drinking or to abstinence.

The studies of this phase of the subject seem endless and in some cases contradictory, but they bear citation for the student who wants facts to counteract the old wives' tales and emotional outbursts on this or any similar controversial subject.

A Summing Up

The flood of information from these and many other studies amounts to an embarrassment of riches. Certain logical conclusions can be drawn.

There is no single pattern of youthful drinking. Instead, patterns of use of beverage alcohol show a considerable variance both within and among communities.

Adolescents learn to drink in a society in which alcohol is accepted, tolerated, or even valued by most of its members.

The behavior a young person exhibits toward beverage alcohol reflects to a great extent, the customs, mores, laws, and social heritage of his/her cultural group.

The patterns and social context of drinking by adolescents generally reflect the patterns and social context of drinking among adults.

If you know how a given adult population drinks and reacts to drinking, you have a reasonable basis for predicting how the young people in that same segment of the population will behave in this respect.

Most young people are exposed to their first drink at home, in the presence of members of their family.

Peer groups do not exert extreme pressure to make every abstainer a user. A young person is likely to seek the companionship of a group that shares her/his own values with respect to drinking.

More boys than girls are likely to use beverage alcohol.

A substantial proportion of young people have had some experience with beverage alcohol but only a relative few drink frequently or to excess.

Alcohol and the Adult

The majority of adults are able to use alcohol, enjoy the effects, and suffer no more than an occasional "hangover" throughout their lifetime. Unfortunately, for certain numbers, the use of alcohol presents a problem that may become serious, even fatal, if not recognized and treated. The person for whom alcohol becomes a problem is a concern for society in general but specifically for his or her spouse and the family in which she/he is livi

Alcohol in a family can affect the stability, the unity, the values, and the attitudes of all the family members. Alcohol also affects the mental and physical health of the family as well as the financial status of the entire family.

Parents, if they drink, should set an example of responsible drinking. They teach by example and not by lecturing or preaching. "Do as I say, not as I do" is not the way to develop a good family attitude toward the use of alcohol.

A family should adopt a set of "ground rules" for the use of alcohol by family members, agreed upon by all. Excessive drinking should not be tolerated and over-indulgence should not be viewed as comical. Drinking should not be viewed as a moral issue nor as a step to maturity (adulthood). Drinking should be a part of an activity and not the entire reason for the activity. If a family member or guest should choose not to drink, this request should be honored and no pressure or belittling remarks made.

A problem drinker within a family must receive help, not pity or disgust. Today, fortunately, alcohol problems are being viewed by society as an illness and not as a sign of moral decay. With help and family support, odds are good for recovery. Most communities have treatment facilities available for the problem drinker, but the important step is getting the individual to admit he/she needs help.

The family with a problem drinker should be honest and discuss with the individual his or her behavior and its consequences for the family. Read and learn all you can about alcohol and discuss this with the problem drinker. Seek help from someone who has experience with alcoholism. Include the problem drinker in family life; encourage new activities for the family. Above all, be patient. Keep the home life as calm as possible, and remember, it takes time (a great deal of time) and there will be setbacks and relapses before recovery will occur. Be compassionate, be patient, and be willing to act to support the problem drinker when he or she is in need.

The alcoholic should not be punished or threatened; but on the other hand, one should not make excuses for him/her or take over his or her responsibilities. The problem drinker should not be sheltered or prevented from joining affairs where alcohol is present. Family members must not accept guilt for the problem drinker's behavior.

Persons with drinking problems have the need for self-confidence, feelings of self-worth, and dignity. This is where family support can be of invaluable help.

Many adults with drinking problems are still married, living at home, holding on to a job, business or profession, and are reasonably well accepted members of the community. Early treatment, with continued family support, can mean a bright outlook for the majority of this group. Success is considered maintaining or reestablishing a good family life and work record with a respectable position in the community. Relapses may occur, but this does not mean that the problem drinker or the treatment has failed.

The Alcoholic Parent

Some 20 million children in the United States have an alcoholic parent, and these children have concerns, questions, and needs.

They will worry about their chances of becoming an alcoholic. Alcoholism does run in certain families, but at present, there is no conclusive evidence that it is due to a hereditary factor. Copying the parents' drinking pattern may be the most significant influence.

Children are concerned about curing the alcoholic. They must understand that problem drinking can be controlled and alcoholics do have to give up alcohol completely before they can feel healthy and function in the expected manner.

The children want to know when and how to talk to the alcoholic parent. They should understand that when the parent is drinking or under the influence of alcohol, it is not the time to engage in conversation. They should be free to suggest that the parent seek help, and they should be able to demonstrate their knowledge of alcohol and alcoholism. Remember, it is difficult for a child to respect a parent when the parent is under the influence of alcohol. When drinking, the parent should not demand, set rules, or make promises to the child as such may be inappropriate, and when sober, the parent would see the inconsistencies. The child must remember that the drinker, when later sober, may not even remember what was said.

Children want to help the parent control his or her drinking problem. Their first attempts will be out of anger and really not helpful. They may throw out the liquor in the house or ask people not to drink in the house or ask people not to drink in the presence of the parent. But if the parent is trying to overcome a drinking problem, their love and support (though firm at times) may be the necessary input to make the treatment succeed.

When the parent is drinking excessively, it may be best for the child to get out of the house, to go for a walk, visit a friend, or be involved in after-school activities. The parent should not be hurt but understand that this is the best way for the child to cope with the parent's problem. When drinking, the parent may feel big, powerful, and successful, but to the child, the same actions are viewed with suffering and maybe even self-guilt.

Children of adult alcoholics are concerned for the parent's job and the financial stability of the family. The children should not inform the boss of the parent's problem but should not make up excuses or lie about the illness to protect the parent.

The children are concerned about the family's stability and whether or not separation or divorce will occur. They should discuss the matter with both parents and be free to offer suggestions for help and treatment. The child must help the parent living with an alcoholic spouse with household chores that the alcoholic parent would normally do and perhaps even fill the loss of companionship that may occur.

The schoolwork of the child may suffer because of the upset at home; noise may not permit them to study properly. They should not be permitted, however, to use the parent's problem as an excuse for not doing schoolwork. The parent must not be overly critical and cause the child to lose his or her self-confidence. The child should be encouraged to seek help from school personnel if they fall behind or develop learning problems. The parent should accept the help and not feel neglected, left out, or hurt.

The child may not bring friends to the house to avoid the embarrassment of finding the parent drunk. The parent must understand that the child may be teased, made fun of, and nicknamed because of the parent's problem. The child must understand that true friends will accept her/him for her/himself and a good friend will understand the home situation. The child should be permitted to have fun outside the home. Maybe a relative would let the child entertain friends in his or her home.

The alcoholic parent should be aware that many children see marriage as a means of escape from their present uncomfortable situation and often this leads to far greater problems. The parent must not be overly restrictive, especially when under the influence of alcohol, and may need to rely on the advice of clergy or counselors.

Alcoholic parents often place their children at a distinct disadvantage and complicate their lives in many ways. The child should never be burdened with the guilt for the parent's drinking problem but also should never expect to be rewarded for having had an alcoholic parent. The parent should consider her/himself lucky if the child will support his or her efforts for treatment but must not be hurt if the child refuses to help him give up alcohol.

The Legal Nature of Alcohol

An arresting officer has a number of tests to assist him in determining whether a driver is under the influence and should be arrested on this charge. These include odor of breath, color of face, appearance of eyes, and lack of muscular coordination.

There are, however, many pathological conditions which also might make it impossible to differentiate between the individual who may be ill and one who is drinking. Tests to determine whether one has been drinking are based on the relationship between the blood-alcohol concentration and the functioning of the central nervous system. They are impersonal and impartial and provide scientific evidence of the absence or presence of alcohol in the system.

At least ten states now have "implied consent" chemical test laws, which in effect mean that drivers, in exchange for the privilege of using the roads of the state, shall be deemed to have given their consent to a chemical test if the occasion arises. Failure to do so when requested and while legally under arrest results in forfeiture of the privilege through suspension of the driver's license.

The following body materials may be used to determine the alcohol-blood concentration: blood, saliva, urine, and breath. Generally, the tests most frequently used are of the breath and the blood. With the breath test, the sample is easily obtained, legal technicalities are minimized, and the person being tested is more likely to cooperate. The blood test must be made by a physician or a person acting for the physician and legal difficulties are sometimes encountered.

Governments at both the federal and state levels have passed laws concerning drunk driving and the sale of alcoholic beverages to minors. (A minor is generally considered to be a person under 21, but in some states the legal age to buy alcoholic beverages is 18.) Government regulates the hours at which establishments selling alcoholic beverages may open and close, where they may be located (particularly in relation to churches and schools), and how many may exist.

The Prohibition Movement in the U. S. was against the manufacture, sale, or transportation of alcoholic beverages.

The Sons of Temperance was organized in New York City in 1842; Independent Order of Good Templars in 1850; National Prohibition Party in 1870. WCTU and Anti-Saloon League were most highly organized and influential;-- they lobbied for prohibition. The Anti-Saloon League is credited with passage of the 18th Amendment.

Fourteen states passed prohibition laws, starting with Maine in 1851. They all were declared unconstitutional except Maine's.

Due to the influence of prohibitionists, many localities began to "go dry."

In 1913 Congress passed the Webb-Kenyon Law. This law made it illegal to ship liquor from a wet to a dry state.

In 1917 the Jones-Randall Bill passed. The mails cannot be used to send liquor circulars to people in dry areas.

September 8, 1917: no liquor could be manufactured legally.

May 1, 1919: no more beer manufactured legally.

July 1, 1919: no more liquor sold, no saloons could operate legally.

The 18th Amendment was passed to make the entire U. S. dry; it went into effect on January 16, 1920.

In 1919 the Volstead Act carefully defined alcoholic drinks.

National Prohibition existed from 1920 to 1933.

Evasion of the law was widespread.

In 1933, F. D. Roosevelt ran for president and promised to repeal the 18th Amendment.

Repeal passed by the 21st Amendment on ratification by 36 states.

Two systems of alcoholic beverage control by the states are now used: open-license system, as in New York; and state-operated stores, in 17 states. In 36 states, local options exist.

The federal government obtains over 3 billion dollars from taxation on beverage alcohol from excise taxes. States raise over 1 billion dollars from tax on alcohol. States use alcohol tax money in different ways. These might include the general fund, education, and the rehabilitation of alcoholics.

High taxes may account for some illegal liquor production.

The tax on distilled spirits is $10.50 per proof gallon; beer, $9.00 per 31 gallon barrel; wine (14% alcohol or less), 17 cents per gallon; wine (14 to 21% alcohol), 67 cents per gallon; wine (21 to 24% alcohol), $2.25 per gallon; artificially carbonated wine, $2.40 per wine gallon. Champagne and other sparkling wines have a tax of $3.40 per gallon.

Alcoholic beverage revenues in New York have been used for general State purposes and for administration and enforcement of the Liquor Control Act. Some is returned to local governments.

The alcoholic beverage industry has become a major source of tax revenues.

Every state has laws governing the sale of alcoholic beverages to minors. No uniformity in laws exists. In New York State it is 18 years of age or older. Many states have laws against the sale of alcoholic beverages to known inebriates.

Rehabilitative Nature of Alcohol

Society has come up with many ways of helping the problem drinker. All of these vary in approach, but all agree that in order to treat alcoholism, the alcoholic must first admit that he does have a drinking problem and that he has a desire to stop it.

Alcoholics Anonymous (A.A.) is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. There is no membership and all can join the fellowship. Organizational structure is minimal and A.A. is self-supporting. A.A. has evolved twelve steps and twelve traditions according to their own consciences. A.A. has helped many individuals maintain effective sobriety. Their informal nature however does not provide the necessary supports for all alcoholics and other approaches are needed.

Various types of group therapy programs have been designed to help the individual with a drinking problem. Group psychotherapy conducted by a trained psychotherapist helps the individual try out new ways of approaching people, secure in the knowledge that the reactions of fellow members, whether approving or critical, will never be scornful or humiliating. The group can offer support in that the individual has examples at hand to lend credence to her/his belief that she/he can be helped. The individual in a group can see her/his own behavior mirrored in that of the group. This objective perception can prompt the person to change self-defeating behaviors.

An educational and motivational group approach is also used in which the alcoholic is provided with an understanding of the illness and an attempt is made to motivate her/him to participate in a continuing recovery program.

Religious groups oriented to recovery through prayer and dependence on a higher power are organized in certain areas.

Individual counseling is available to alcoholics from a variety of sources; many, unfortunately, do not have adequately trained staff to provide sustained help. Alcoholism information centers are able to supply information and lists of those qualified persons available in a local area.

Aversion therapy has been tried from time to time in the treatment of alcoholism. This treatment is essentially a learning process or conditioning process. The alcohol is paired with sudden illness and vomiting. There are various drugs which are being used in the treatment of alcoholism. One of these is antabuse or disulfiram. Antabuse is given in hospitals or clinics under the supervision of a doctor who allows the patient to become accustomed to the reaction she/he will have to antabuse when she/he drinks.

Everyone's reactions are slightly different. Rarely, antabuse will be fatal with the ingestion of alcohol. A small dose is given; then the patient is allowed to drink a small amount of alcohol. The alcohol reacts with antabuse in the system giving rise to a set of uncomfortable reactions. A drug called emetine is given after the ingestion of alcohol. This brings about vomiting and so the conditioning goes until the taste, smell, or even sight of alcohol will result in sickness.

However, aversion therapy wears off. A person must report every six months to a year for new treatment. There is always the chance of a friend bringing over a bottle without asking. Upon removing it gleefully from the bag the ex-patient vomits all over his friend. This could be a problem if only the sight or smell causes emesis.

Hypnosis has been tried as a treatment process. However, hypnotic suggestions wear off even faster than aversion therapy results. This possibility has mostly been abandoned.

Probably the most promising treatment process offered today is what has been termed "total push." The total push programs are most frequently offered through community mental health services and alcoholism clinics. It involves bringing to bear all the available techniques and facilities on the alcoholics' multiple problems. In the case of total push efforts, group treatment extends over the whole range of possible situations in which the patient interacts with other people in a relatively protected, graduated series of therapeutically indicated interpersonal exchanges. If this structure could be brought outside of hospitals where mental health services usually operate from and initiated from small community centered clinics then the people using the services would profit more. They would no longer have to fear the stigma attached to hospitals or mental health units and they would be much closer to the service facility. Utilization would then be easier.

Andrew Weil postulates that every person has an innate drive to experience periodic episodes of nonordinary consciousness. Young people find many ways to produce "highs" and alter consciousness, such as spinning around, squeezing the breath out of each other and playing with mirrors. The adult is taught that such things are child-like and therefore, must look for other ways to induce changes in his consciousness. The "high" of alcohol provides a socially acceptable way to nonordinary consciousness for many. However, more acceptable techniques are available than alcohol for producing similar feelings and alterations of consciousness; various forms of meditations, relaxation, exercises, and hobbies.

Many develop drinking problems because they lack resources to deal with life's crises. People need to understand and develop techniques and skills for communication, problem solving, and anxiety and depression control. Also, people need to know what help is available and how to obtain help when it is needed.

Alcohol education should begin early so that children can develop an understanding and respectful attitude for the use of alcohol in society. The parent must be aware of the goals of health education so they can support and reinforce the principles at home. Only through understanding, cooperation, and respect for different views can society incorporate safely the chemical alcohols. Various professionals can help the teacher explain the role of alcohol in today's society, but the effective teacher must develop the proper respect for and understanding of ethanol so that people will use alcohol in a responsible way.

CHAPTER V

TEACHING RESOURCES

ALCOHOL RESOURCE LIST

(Annotated)

-Journals and Periodicals-

Davies, John and Barrie, Stacey. "Alcohol and Health Education in Schools," *Health Bulletin*, 29 (1): 50 - 53, 1971.

This article reviews the current status of alcohol education, giving consideration to the objectives of alcohol education and how they may be implemented.

_____. *Journal of Alcohol Education*. Published three times a year by the education section of the North American Association of Alcoholism Programs.

"It reports teacher experience and experiments and provides a reference resource for actual teaching materials, techniques, and procedures; it also is concerned with reporting new, effective and exciting programs of education more appropriate to the community, the church, and the family."

Subscriptions and general inquiry:
Ralph Daniel, Journal Executive
Journal of Alcohol Education
3500 North Logan
Lansing, Michigan 48914

Quarterly Journal of Studies on Alcohol. Mark Keller, Editor.

The *Quarterly Journal* is published in March, June, September, and December. It published reports of research from all scientific fields.

Available from:
Rutgers Center of Alcohol Studies
Rutgers University
New Brunswick, New Jersey 08903

Stacey, Barrie and John Davies. "Drinking Behavior in Childhood and Adolescence: An Evaluative Review," *British Journal of Addictions*, 65 (3): 203 - 212, 1970.

An evaluative review of various aspects of teenage drinking is presented.

-Books and Manuals-

A Dictionary of Words about Alcohol by Mark Keller and Mairi McCormick (1969)

Authoritative but not authoritarian definitions of all the important words and terms (over 1700 terms) related to alcohol and alcohol problems. The origin and meaning of the words are given along with preferred usage.

Available from:
Publications Division
Rutgers Center on Alcohol Studies
Rutgers University
New Brunswick, New Jersey 08903

Alcohol and Alcoholism

Produced by the Public Information Branch, National Institute of Mental Health, National Center for Prevention and Control of Alcoholism, Chevy Chase, Maryland 20203 (1967), 73 pp. (Excellent Bibliography).

Available from:
Superintendent of Documents
U. S. Government Printing Office
Washington, D.C. 20402

Ames, Maurice Dr. *Choose For Yourself - You and Alcohol.* New York: Random House, 1970, pp. 90.

One of a series. A forthright explanation about alcohol and its effects which lead an individual to decision about its use.

Ayers, Albert L. and Gail Gleason Milgram. *The Teenager and Alcohol.* New York: Rosen Press, 1970, pp. 96.

Excellent compendium and critique of present knowledge about alcoholism. Thirteen authorities contributed chapters dealing with six main parts of the alcohol question.

Bacon, Margaret and Mary B. Jones. *Teenage Drinking.* New York: Thomas Y. Crowell Co., 1968, pp. 228.

A presentation of research on drinking as it applies to the adolescent and his parents. The authors dispel myths regarding alcohol use by adolescents and discuss concerns that are real: the historical role of drinking, legal implications of teenage drinking, use of alcohol in other nations, and pathological drinking.

Fort, Joel. *The Pleasure Seekers, The Drug Crises, Youth and Society.* New York: Bobbs-Merrill Co., 1969, pp. 255.

Contains accurate and concise information on the history, consumption, sale, and effects of alcohol and on the relationship of alcohol abuse to accidents and crime. It also deals explicitly with alcoholism. The book is of particular value because its over-all subject is the use of drugs in society with particular emphasis on the use of drugs by young people. Alcohol is included appropriately and in context.

Mann, Marty. *Marty Mann Answers Your Questions About Drinking and Alcohol.* New York: Holt Rinehart and Winston, 1970, pp. 112.

Information about alcohol, adolescent experiences with alcohol, alcohol education and implementation of alcohol education in curriculum are presented. Nature and effects of alcohol are thoroughly discussed as well as extent and problems of problem drinking and alcoholism.

Milt, Harry. *Basic Handbook on Alcoholism.* Maplewood, New Jersey: Scientific Aids Publication, 1969.

A well-written, well-documented history of temperance activities from colonial times to the present.

Notes on Alcohol Education for Teachers (1967).

Bulletin 371, published by the Department of Education and Department of Public Health Alcoholism Program, Lansing, Michigan.

Available from:
State of Michigan
Department of Public Health
35 North Logan
Lansing, Michigan 48914

Todd, Frances. *Teaching About Alcohol.* New York: McGraw Hill, 1964.

Factual material on alcohol (i.e., psychological effects, role of the alcohol beverage industry, teenage drinking and problem drinking are examined).

United States Department of Health, Education, and Welfare. *Alcohol and Health.* Washington, D.C.: U. S. Government Printing Office, 1972.

A thorough presentation of the extent and patterns of alcohol use and abuse in the United States, including a chapter on the causation and treatment of alcoholism.

-Pamphlets-

A Guide to Audio-Visual Material on Alcohol and Alcoholism. Rockville, Maryland: National Clearinghouse for Alcohol Information, 1973. (Xerox). Copies available from NCALI.

The availability and audience level of 51 films on alcohol use and abuse is given, with a synopsis of each.

It's Best to Know...About Alcohol. Prepared by the Alcoholism and Drug Addiction Research Foundation of Ontario, Canada. (A cartoon-type booklet, 32 pp.)

Distributed in the United States by and available from:
National Alcoholic Beverage Control Association, Inc.
Suite 1610
5454 Wisconsin Avenue, N.W.
Washington, D.C. 20015

Michigan Alcohol Education Foundation

An extremely popular series of pamphlets at reasonable prices.

Available from:
Michigan Alcohol Education Foundation
Box 212
Lansing, Michigan 48902

Rutgers Center of Alcohol Studies

Located at Rutgers University, the Center of Alcohol Studies has literally become the nucleus of research, information, and teaching in the area of alcohol studies for the western world.

Publications Division, Rutgers Center of Alcohol Studies
Rutgers University
New Brunswick, New Jersey 08903

The Drinking Game and How to Beat It. 1970, pp. 47.

The text pre-supposes the desirability of moderate drinking and is valuable for social drinkers who are interested in becoming or remaining "safe" drinkers.

Available from:
The Benjamin Co., Inc.
485 Madison Avenue
New York, New York 10022

What Everyone Should Know About Alcoholism. (1969 ed., 15 pp.)

A unique combination of words and graphics are featured in this pamphlet, presenting the major facts about alcoholism.

Available from:
Channing L. Bete, Inc.
45 Federal Street
Greenfield, Massachusetts 01301

What Happened to Joe and His Drinking Problem. 1971, pp. 26. Prepared by Alcoholics Anonymous

This pamphlet is concerned with the effects of habit-forming drugs on alcoholics. It stresses that those who are alcoholics may also be prone to addiction to other drugs. Comic book format.

Available from:
Alcoholics Anonymous World Services, Inc.
P. O. Box 459, Grand Central Station
New York, New York 10017

-Audio-Visual Materials-

Audio-Visual Materials on Alcohol and Alcoholism. (1974 Edition, 34 pp.)

A list of films dealing with alcohol abuse and alcoholism; includes description of content, distributor, sale and rental fees, and audience level. Dept. H.E.W. Publication No. (ADM) 74 - 32.

Available from:
National Clearinghouse for Alcohol Information
P. O. Box 2345
Rockville, Maryland

Education Media Council. "Educational Media Index," McGraw Hill Book Company, Inc., New York, 1964.

A guide to films, phonotapes, video tapes, charts, slides, etc. Vol. 8 deals with health, safety, and home economics.

Educators Guide to Free Films, John Diffor, Mary Horkeimer, and John Fowkes, (eds.) Educators Progress Service, Randolph, Wisconsin. Annual.

Educators Guide to Free filmstrips. John Diffor and Mary F. Horkheimer (eds.) Educators Progress Service, Randolph, Wisconsin. Annual.

Index to 16mm Educational Films. National Information Center for Educational Media, McGraw Hill Book Company, New York, N.Y. 1967.

U. S. Government Films. This catalog lists motion pictures and filmstrips for sale by the national Audiovisual Center, General Services Administration, Washington, D.C. 20409

-General Sources for the Teacher-

Write to the sources listed below for catalogues and/or materials dealing with your specific topic in the area of alcohol. Most of the sources listed provide either free or inexpensive materials.

1. AL-ANON FAMILY GROUP HEADQUARTERS
   P. O. Box 182
   Madison Square Station
   New York, New York 10010

2. ALCOHOL & DRUG PROBLEMS ASSOCIATION OF NORTH AMERICA
   1130 17th Street, N.W.
   Washington, D.C. 20036

3. ALCOHOL EDUCATION FOUNDATION
   515 North 6th Street
   Springfield, Illinois 62702

   An affiliate of ILLCAAP - Illinois Church Action on Alcohol Problems.

   Materials and services available to schools, churches, and civic organizations. (Pamphlets, films, alcohol and narcotics-related filmstrips, etc.)

4. ALCOHOLICS ANONYMOUS WORLD SERVICES, INC.
   P. O. Box 459
   Grand Central Station
   New York, New York 10017

5. ALCOHOLISM SUBCOMMITTEE, WORLD HEALTH ORGANIZATION
   Palais Des Nations
   Geneva, Switzerland

6. ALLIED YOUTH, INC.
   Roselyn Building
   Arlington, Virginia 22209

7. AMERICAN ACADEMY OF PEDIATRICS
   P. O. Box 1034
   Evanston, Illinois 60204

8. AMERICAN ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, AND RECREATION
   1201 16th Street, N.W.
   Washington, D.C. 20036

9. AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE
   1515 Massachusetts Avenue, N.W.
   Washington, D.C. 20005

10. AMERICAN COUNCIL ON ALCOHOL PROBLEMS
119 Constitution Avenue, N.E.
Washington, D.C. 20002

11. AMERICAN COUNCIL ON EDUCATION
One DuPont Circle
Washington, D.C. 20036

12. AMERICAN HOSPITAL ASSOCIATION
840 North Lake Shore Drive
Chicago, Illinois 60610

13. AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street
Chicago, Illinois 60610

14. AMERICAN PHARMACEUTICAL ASSOCIATION
2215 Constitution Avenue, N.W.
Washington, D.C. 20037

15. AMERICAN PUBLIC HEALTH ASSOCIATION
1015 Eighteenth Street, N.W.
Washington, D.C. 20037

16. AMERICAN SCHOOL HEALTH ASSOCIATION
ASHA Building
Kent, Ohio 44240

17. HEALTH AND WELFARE DIVISION, METROPOLITAN LIFE INSURANCE COMPANY
One Madison Avenue
New York, N.Y. 10010

18. LICENSED BEVERAGE INDUSTRIES, INC.
155 East 144th Street
New York, New York 10017

19. MENTAL HEALTH MATERIALS CENTER
419 Park Avenue, S.
New York, New York 10017

20. MICHIGAN COUNCIL ON ALCOHOL PROBLEMS
728 West Allegan
Lansing, Michigan 48902

21. NATIONAL CENTER FOR PREVENTION AND CONTROL OF ALCOHOLISM
National Institute of Mental Health
5454 Wisconsin Avenue
Chevy Chase, Maryland 20203

23. NATIONAL COUNCIL ON FAMILY RELATIONS
1219 University Avenue, S.E.
Minneapolis, Minnesota 55414

24. NATIONAL SAFETY COUNCIL
425 North Avenue
Chicago, Illinois 60606

25. NATIONAL TRANSPORTATION SAFETY BOARD
Department of Transportation
Washington, D.C. 20591

26. NEBRASKA MASTER POISON INFORMATION CENTER
Children's Memorial Hospital
502 South 44th Street
Omaha, Nebraska 68105

27. NEW YORK STATE DEPARTMENT OF MENTAL HEALTH
Division of Alcoholism
44 Holland Avenue
Albany, New York 12208

28. NORTH AMERICAN ASSOCIATION ON ALCOHOLISM PROGRAMS
1130 17th Street, N.W.
Washington, D.C. 20036

29. RUTGERS CENTER OF ALCOHOL STUDIES
Rutgers University
State University of New Jersey
New Brunswick, New Jersey 08903

30. SCIENCE RESEARCH ASSOCIATION, INC.
259 East Erie Street
Chicago, Illinois 60611

31. SECTION ON ALCOHOLISM PROGRAMS
Department of Mental Health
401 South Spring Street
Springfield, Illinois 62706

32. SOCIETY FOR PUBLIC HEALTH EDUCATION, INC.
655 Sutter Street
San Francisco, California 94102

33. STERLING FILMS, INC.
866 Third Avenue
New York, N.Y. 10022

34. TEXAS ALCOHOL NARCOTICS EDUCATION, INC. PUBLISHERS
"Tane Press"
2814 Oak Lawn Avenue
Dallas, Texas 75219

35. THE CHRISTOPHER D. SMITHERS FOUNDATION
405 Park Avenue
New York, N.Y. 10025

36. THE WORLD MEDICAL ASSOCIATION, INC.
10 Columbus Circle
New York, New York 10019

37. UNITED STATES INDUSTRIAL CHEMICALS, INC.
60 East 42nd Street
New York, New York 10017

APPENDIX

TEAR OUT AND USE AS ORDER FORM

NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

Publications Order Form

NAME _____ TITLE OF PRESENT POSITION _____

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By checking either of the boxes below, you become a subscriber to the Clearinghouse periodical(s) described:

☐ ALCOHOL AND HEALTH NOTES. This monthly newsletter provides information and comments to a broad audience working in the field and to the concerned public. (No charge.)

☐ ALCOHOL HEALTH & RESEARCH WORLD. Intended for all professionals involved in the treatment, research and prevention of alcohol abuse and alcoholism, this quarterly bulletin provides in-depth coverage of specific topics related to alcohol. (No charge.)

The publications listed below are available in limited quantity at no charge from the National Clearinghouse for Alcohol Information. If you would like to receive a copy of any item, mark the box next to the title.

☐ ALCOHOL: SOME QUESTIONS AND ANSWERS. Several questions concerning the effect of alcohol on the body and the reasons why people drink are answered briefly. 14pp. #105

☐ FIRST SPECIAL REPORT TO THE U.S. CONGRESS ON ALCOHOL AND HEALTH. A substantial portion of the current scientific knowledge on the health consequences of using alcoholic beverages is summarized. 121 pp. #51

☐ ALCOHOL AND ALCOHOLISM. This report presents some of the highlights of modern research on drinking and alcoholism, based on technical articles published in scientific literature as well as on views expressed by leading authorities in the field. 42 pp. #69

☐ DEVELOPING COMMUNITY SERVICES FOR ALCOHOLICS: SOME BEGINNING PRINCIPLES. This book presents specific information about alcoholism and provides a guide for communities to develop services for alcoholic persons and their families. 39 pp. #54

☐ PROCEEDINGS: SEMINAR ON ALCOHOLISM EMERGENCY CARE SERVICES. This volume of Proceedings suggests a variety of models or settings through which emergency care services can be delivered to alcoholic individuals with varying needs within communities of various resources. 98 pp. #142

☐ THINKING ABOUT DRINKING. This pamphlet was prepared for young people as a basis for discussion of attitudes about drinking. 31 pp. #101

☐ NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM. This booklet describes the program of the NIAAA which consists of research, training, development of community services and public education. A list of regional offices of the Department of Health, Education, and Welfare is included. 11 pp. #11

☐ PROCEEDINGS OF THE NATIONAL CONFERENCE OF VOCATIONAL REHABILITATION AND STATE ALCOHOLISM AGENCY DIRECTORS. The conference was held to consider coordinated rehabilitation services for people with alcoholism. 91 pp. #54

☐ OCCUPATIONAL ALCOHOLISM, SOME PROBLEMS AND SOME SOLUTIONS. Industrial alcoholism programs are discussed. A suggestion for a company policy statement is presented and the role of labor is also elaborated. 6 pp. #10

NIAAA Occupational Program Consultants for the State of _____

☐ PROCEEDINGS OF THE JOINT CONFERENCE ON ALCOHOL ABUSE AND ALCOHOLISM: February 21 - 23, 1972. The major objective of this conference was to assist in the coordination of planning and programming at the regional, State and local levels to deal with the alcoholic offender, the drinking driver, and the public inebriate. 273 pp. #157

☐ THE DRINKING DRIVER AND THE POLICE. This pamphlet offers advice to the police administrator and the law enforcement officer in dealing with the drunk driver. 10 pp. #401

☐ THE DRINKING DRIVER AND THE COURTS. Alternative courses of action for judges, prosecutors, and defense attorneys to follow in dealing with the drunk driver are suggested. 12 pp. #402

☐ YOUNG AMERICANS, DRINKING, DRIVING, DYING. This pamphlet includes information on what young Americans can do to control drinking and driving. 10 pp. #403

☐ FIRST AID FOR THE DRUNKEN DRIVER BEGINS IN YOUR OFFICE. Written for physicians, this booklet provides information on the significant relationship between blood alcohol concentration and relative risk of crash and on the U.S. Department of Transportation's countermeasure programs. 11 pp. #404

☐ THE NATIONAL ALCOHOL COUNTERMEASURES PROGRAM. Steps for combatting drunk driving are described, including information on research and development programs, a public education campaign, State and community action programs, and Alcohol Safety Action Projects. 12 pp. #405

☐ THE PROBLEM DRINKER AND YOU. Included in this pamphlet are suggestions on what the average person can do to help stop alcohol-related traffic accidents, a list of alcohol Safety Action Project directors, and a list of Governors' Highway Safety Representatives. 15 pp. #406

☐ GUIDE TO AUDIO-VISUAL MATERIALS. A list of films dealing with alcohol abuse and alcoholism; includes description of content, distributor, sale and rental fees and audience level. 36 pp. #151.

☐ POSTERS. 14" x 17", color. Complete set of posters listed below. #88

- ☐ Alcohol Is a Drug #88.1
- ☐ If You Need a Drink to Be Social #88.2
- ☐ What Kind of Drinker Are You? #88.3
- ☐ Ten Terrific Hangover Cures #88.4
- ☐ Typical Alcoholic #88.5
- ☐ If You Drink a Lot of Beer #88.6
- ☐ Getting Drunk #88.7

☐ BUMPER STICKER. Color drawing of cocktail with the slogan "You've Got to Know When to Say When." #89

☐ DIRECTORY OF STATE AND LOCAL ALCOHOLISM SERVICES. Indicate State(s) for which you would like to receive a directory. #64 _____

_____

OTHER _____

Please return this form to:

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P. O. Box 2345
Rockville, MD. 20852